

9:6-8.8 to 9.6-8.15

LEGISLATIVE HISTORY CHECKLIST

NJSA: 9:6-8.8 to 9.6-8.15 (Child abuse--penalty)

LAWS OF: 1971

CHAPTER: 437

Bill No: S747

Sponsor(s): Mc Dermott and others

Date Introduced: April 6, 1970

Committee: Assembly: Institutions & Welfare

Senate: Institutions & Welfare

Amended during passage: Yes

Date of Passage: Assembly: May 10, 1971 Re-enacted 12-6-71

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Date of Approval: February 10, 1972

Following statements are attached if available:

Sponsor statement: No

Committee statement: Assembly No

Senate No

Fiscal Note: No

Veto Message: Yes

Message on Signing: No

Following were printed:

Reports: Yes

Hearings: Yes

974.90 New Jersey. Legislature. Child Abuse Study Commission.
C536 Public hearing, held 3-26-71. Trenton.
1971

(attached)

[SECOND OFFICIAL COPY REPRINT]

SENATE, No. 747

STATE OF NEW JERSEY

INTRODUCED APRIL 6, 1970

By Senators McDERMOTT, SEARS, CRABIEL, RINALDO,
LACORTE and GIULIANO

Referred to Committee on Institutions and Welfare

AN ACT concerning child abuse and supplementing **[article 1 of]**
chapter 6 of Title 9 of the Revised Statutes.

1 BE IT ENACTED by the Senate and General Assembly of the State
2 of New Jersey:

1 1. The purpose of this act is to **[establish proceedings]** *pro-*
2 *vide* for the protection of children under **[16]** *18* years of age
3 who have had **[serious physical]** *serious* injury inflicted upon
4 them by other than accidental means. It is the intent of this legisla-
5 tion to assure that the lives of innocent children are *immediately*
6 safeguarded from further injury and possible death and that the
7 legal rights of such children are fully protected.

1 2. For purposes of this act:

2 a. "Abused child" means a child under the age of **[16]** *18*
3 years who has **[had serious physical or mental injury inflicted**
4 **upon him by other than accidental means]** *been subjected to child*
4A *abuse*.

5 b. "Child abuse" means and shall include any of the acts
6 described in section 9:6-1 of the Revised Statutes, including abuse,
7 abandonment, cruelty and neglect, which acts result in **[serious]**
8 *serious* physical or mental injury by other than accidental
9 means.

1 **[3.** In addition to the provisions of section 9:6-5 of the Revised
2 Statutes, the following persons may originate proceedings con-
3 cerning child abuse:

4 a. Any person in the relation to the respondent of parent,
5 child, or member of the same family or household;

6 b. A prosecutor or assistant prosecutor;

7 c. A peace officer;

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in the above bill
is not enacted and is intended to be omitted in the law.

8 d. A person on the court's own motion.

9 e. Any person having first hand knowledge of an act or acts of
10 child abuse.

1 4. On the filing of a complaint alleging child abuse under this act,
2 the court shall cause a copy of the complaint and a summons to be
3 issued, clearly marked on the face thereof "Child Abuse Case,"
4 and served within 24 hours thereafter upon the parent or other
5 person responsible for the child's care or with whom the child
6 is domiciled, to appear before the court at the time and place
7 designated in the summons to answer the complaint. The court
8 shall also require the person thus summoned to produce the child
9 at the time and place designated. If the summons cannot be served
10 within 24 hours, such fact shall be reported to the court with the
11 reasons therefor and the court shall take such further action as is
12 deemed necessary including the issuance of an arrest warrant.

1 5. In all counties an abused child shall be represented during all
2 stages of the proceedings by the county prosecutor or an assistant
3 prosecutor.

4 The foregoing provisions of this section shall not preclude a
5 person in parental relationship to such child from appearing by
6 counsel in any such proceeding.

1 6. Each hospital, social service agency or other public or private
2 agency having custody of any records, photographs or other evi-
3 dence relating to child abuse shall, upon request of the court or one
4 of the parties to the proceedings, be required to make such records,
5 photographs or evidence available for use in any proceeding relat-
6 ing to child abuse.

1 7. Upon the filing of a complaint under this act which contains an
2 allegation that either parent or other person legally responsible
3 for the care of a child or with whom he resides is addicted to the
4 use of narcotic drugs, the court shall hold a preliminary hearing
5 to determine the sufficiency of such allegations and if the court, at
6 the conclusion of such hearing, determines that the temporary re-
7 moval of such child from his home is in the best interest of the
8 child, an order shall be entered providing for the temporary place-
9 ment of the child.

1 8. In all proceedings relating to child abuse, the court shall
2 order an examination of the child alleged to be abused and any
3 other child or children in the custody or care of the parent or per-
4 son responsible for such custody or care by a physician appointed
5 or designated for the purpose by the court.

6 During such examination, the physician shall arrange to have
7 colored photographs taken of the areas of trauma visible on such

8 child and shall, on the completion of such examination, forward
9 the results thereof together with the color photographs to the court
10 ordering such examination.

1 9. In all proceedings relating to child abuse, the court may
2 order the person charged therewith to be examined by a physician,
3 psychiatrist or psychologist appointed or designated for the pur-
4 pose by the court. The court, during or after a hearing, may
5 remand for a period not exceeding 30 days any such person for
6 physical or psychiatric study or observation:

7 a. To a hospital maintained by the county in which the court is
8 located, or

9 b. To a hospital maintained by the State, or

10-11 c. To a qualified private institution designated by the court.

12 Provided, however, that if the court shall order a psychiatric
13 examination of any such person, the court may request the director
14 of an institution in the Department of Institutions and Agencies
15 located in the area in which the court is located to cause such exam-
16 ination to be made. The director may designate a member of the
17 staff of his institution or he may designate any psychiatrist in the
18 State to make the examination. The psychiatrist shall forthwith
19 examine such person. The examination may be made in the place
20 where the person may be or, upon recommendation of the director,
21 the court may remand such person to such institution or to a hos-
22 pital or other place for such examination for a period not exceeding
23 30 days. During the time such person is at such institution for
24 examination, the director may administer or cause to be admin-
25 istered to such person such psychiatric, medical or other thera-
26 peutic treatment as in his discretion should be administered. The
27 Commissioner of Institutions and Agencies shall prescribe and
28 furnish blanks for remand commitment to an institution in the
29 Department of Institutions and Agencies. Upon completion of
30 the examination, the director shall transmit to the court the report
31 of the psychiatrist who conducted the examination.

1 10. After a hearing upon all of the allegations of the complaint, if
2 the court shall determine that such allegations are established, the
3 court shall enter an order directing the removal of such child from
4 his home until such order is modified, and providing for his place-
5 ment as the court shall determine.

1 11. Every social services agency, police department or any
2 public or private agency, including any school, having in its custody
3 records relating to child abuse shall, within 24 hours after receipt
4 of such record, forward a copy thereof to the prosecutor.

1 12. In every case where a proceeding respecting an abused child
2 has originated in or been transferred to the juvenile and domestic
3 relations court, the clerk thereof shall make an appropriate applica-
4 tion to the Federal Social Security Administration for the assign-
5 ment of a Social Security number to such child, if no such number
6 has previously been assigned. The Social Security number of such
7 child shall become a part of the court records but shall be made
8 available to law enforcement agencies upon request.

1 13. If the parent or person legally responsible for the care of
2 any such child or with whom he resides receives public assistance
3 and care, any portion of which is attributable to such child, a copy
4 of the order of the court providing for the removal of such child
5 from his home shall be furnished to the appropriate social services
6 official, who shall reduce public assistance and care furnished such
7 parent or other person by the amount attributable to such child.

1 14. Any physician or hospital treating an abused child under
2 16 years shall have the right to keep such child in his custody
3 until such time as the custody of the child has been transferred
4 to the appropriate police authorities.

1 15. Any physician, dentist, osteopath, optometrist, chiropractor,
2 podiatrist, resident, intern, registered nurse or hospital per-
3 sonnel engaged in the admission, examination, care or treatment
4 of persons or Christian Science practitioner having reasonable
5 cause to suspect that a child under the age of 16 years, brought
6 to him or coming before him for admission, examination, care or
7 treatment, has had serious physical injury inflicted upon him by
8 other than accidental means, or whose condition gives indication
9 of other serious abuse or maltreatment or evidence is present of
10 previous abuse or maltreatment, shall immediately report or cause
11 reports to be made of such injuries, abuse or maltreatment to the
12 county prosecutor of the county in which such child resides in
13 accordance with the provisions of this act; provided, that where
14 said physician, dentist, osteopath, optometrist, chiropractor,
15 podiatrist, registered nurse, resident, or intern or such hospital
16 personnel attends such child in his capacity as a member of the
17 staff of a hospital or similar institution, he shall notify the person
18 in charge of the institution, or his designee, who shall report or
19 cause reports to be made in accordance with this act.

1 16. a. Any social services worker or school official having
2 reasonable cause to suspect that a child under the age of 16 years
3 has had serious physical injury inflicted upon him by other than
4 accidental means, or whose condition gives indication of other

5 serious abuse or maltreatment, shall report or cause reports to be
6-7 made in accordance with the provisions of this act.

8 b. Any report filed pursuant to this act shall be admissible in
9 evidence in any proceeding relating to child abuse.

1 17. Such report shall be made immediately by telephone or
2 otherwise, followed as soon thereafter as possible by a report in
3 writing. Such report shall contain the names and addresses of the
4 child and his parent, parents, guardian, or person having custody
5 and control of the child and, if known, the child's age, the nature
6 and extent of the child's injuries, abuse or maltreatment, including
7 any evidence of previous injuries, abuse or maltreatment, and
8 any other information that the physician believes may be helpful
9 to the prosecutor with respect to the injuries, abuse or maltreat-
10 ment and the identity of the perpetrator.

1 18. Anyone authorized and acting pursuant to this act in the
2 making of a report under this act shall have immunity from any
3 liability, civil or criminal, that might otherwise be incurred or
4 imposed. Any such person shall have the same immunity with
5 respect to testimony given in any judicial proceeding resulting
6 from such report.

1 19. In any action brought under this act, no person may refuse
2 or be prevented from testifying or providing information against
3 any person accused of child abuse on the basis of the evidential
4 privileges extended to husband and wife, physician and patient,
5 lawyer and client pursuant to P. L. 1960, chapter 52 (C. 2A:84A-1
6 et seq.) or the Rules Governing the Courts of New Jersey.

1 20. Anyone knowingly and willfully violating the provisions of
2 this act, including the failure to make a report by any person au-
3 thorized by this act to report and having reasonable cause to
4 believe that an act of child abuse has been committed, shall be
5 guilty of a misdemeanor.

1-3 21. Upon receipt of such a report the county prosecutor shall
4 cause the matter to be fully investigated and shall, as the results
5 of his investigation may warrant, proceed in the manner prescribed
6 by the laws relevant to criminal prosecution, or file a complaint
7 with the Bureau of Children's Services, or with any other agency,
8 public or private, authorized to perform protective services for
9 children, in accordance with the provisions of law relevant to pro-
10 tective services for children.

11 (b) The county prosecutor shall, immediately upon receipt of
12 any written report submitted by a physician or by a hospital or

13 any other person authorized by law pursuant to section 3 of this
 14 act or any act supplementing this act, forward a copy thereof to
 15 the Bureau of Children's Services for the sole purpose of compila-
 16 tion by that agency of State-wide statistical data concerning such
 17 reports, provided, however, that the submission of such report shall
 18 not be deemed to be a filing of the complaint with the Bureau of
 19 Children's Services as provided by subsection a. Any prosecutor
 20 or agency authorized by subsection a. to investigate a report shall,
 21 upon completion of its investigation, on forms approved by the
 22 Bureau of Children's Services, submit its findings to said bureau
 23 for the sole purpose of the completion of its statistical data con-
 24 cerning such reports.]*

1 **[*3. Any person may report suspicion or knowledge of child
 1A abuse.

2 *The following persons shall report suspicion or knowledge of child*
 3 *abuse:*

4 *a. Every parent, child, or member of the same family or house-*
 5 *hold;*

6 *b. Every prosecutor or assistant prosecutor;*

7 *c. Every peace officer;*

8 *d. Every social services worker, school official, or school teacher;*

9 *e. Every other person suspecting child abuse or acts of child*
 10 *abuse including each physician, osteopath, optometrist, chiroprac-*
 11 *tor, podiatrist, resident, nurse, intern, or hospital personnel en-*
 12 *gaged in the admission, examination, care or treatment of persons,*
 13 *or Christian Science practitioner.]****

14 **[4. Any of said persons acting in his capacity as a member of
 15 the staff of any public or private institution shall cause a report of
 16 child abuse to be made to the Bureau of Children's Services and
 17 shall also notify the person in charge of the institution who likewise
 18 shall report to the Bureau in accordance with the provisions of this
 19 act.]***

20 **[5. A report shall be made immediately upon suspecting or
 21 ascertaining any case of child abuse to the Bureau of Children's
 22 Services by telephone or otherwise, followed by a report in writing
 23 within ten days thereafter.]*** *3. Any person having reasonable
 24 cause to believe that a child has been subjected to child abuse or
 25 acts of child abuse shall report the same promptly to the Bureau of
 26 Children's Services by telephone or otherwise.** Such reports,
 27 where possible, shall contain the names and addresses of the child
 28 and his parent, guardian, or other person having custody and
 29 control of the child and, if known, the child's age, the nature and

30 possible extent of the child's injuries, abuse or maltreatment, in-
 31 cluding any evidence of previous injuries, abuse or maltreatment,
 32 and any other information that the person believes may be helpful
 33 with respect to the child abuse and the identity of the perpetrator.

34 ****[6.]**** ****4.**** Upon receipt of any such report the Bureau of
 35 Children's Services shall immediately take such action as shall be
 36 necessary to insure the safety of the child ****[under the purview of**
 37 **P. L. 1951, c. 138 (C. 30:4C-1 et seq.)]**** and to that end may
 38 request and shall receive appropriate assistance from local and
 39 State law enforcement officials**. The bureau shall also, within 72
 40 hours, forward a report of such matter to the Central Registry of
 41 the Bureau of Children's Services in Trenton. ****No information**
 42 **received in the central registry shall be considered as a public**
 43 **record within the meaning of P. L. 1963, c. 73.****

44 ****[7.]**** ****5.**** The Bureau of Children's Services shall maintain
 45 in each of its districts on a 24 hour daily basis throughout each year
 46 an emergency telephone service for the receipt of child abuse calls.
 47 ****[The telephone listings throughout each district for such service**
 48 **shall be "Bureau of Children's Services—Emergency calls."]****

49 ****[8.]**** ****6.**** Anyone acting ****[in good faith]**** pursuant to
 50 this act in the making of a report under this act shall have im-
 51 munity from any liability, civil or criminal, that might otherwise be
 52 incurred or imposed. Any such person shall have the same immunity
 53 with respect to testimony given in any judicial proceeding resulting
 54 from such report.

55 ****[9. The Bureau shall report all cases of child abuse to the**
 56 **prosecutors of the respective counties in which the acts of child**
 57 **abuse occur.]****

58 ****[10.]**** ****7.**** Any person knowingly violating the provisions
 59 of this act including the failure to report an act of child abuse hav-
 60 ing reasonable cause to believe that an act of child abuse has been
 61 committed** is a disorderly person.*

62 ****8. The Bureau of Children's Services shall from time to time**
 63 **promulgate such rules and regulations as may be necessary to**
 64 **effectuate the provisions of this act.****

1 ****[22.]**** ****[11.]**** ****9.**** This act shall take effect immediately.

SENATE, No. 747

STATE OF NEW JERSEY

INTRODUCED APRIL 6, 1970

By Senators McDERMOTT, SEARS, CRABIEL, RINALDO,
LACORTE and GIULIANO

Referred to Committee on Institutions and Welfare

AN ACT concerning child abuse and supplementing article 1 of
chapter 6 of Title 9 of the Revised Statutes.

1 BE IT ENACTED *by the Senate and General Assembly of the State*
2 *of New Jersey:*

1 1. The purpose of this act is to establish proceedings for the
2 protection of children under 16 years of age who have had serious
3 physical injury inflicted upon them by other than accidental means.
4 It is the intent of this legislation to assure that the
5 lives of innocent children are safeguarded from further injury and
6 possible death and that the legal rights of such children are fully
7 protected.

1 2. For purposes of this act:

2 a. "Abused child" means a child under the age of 16 years who
3 has had serious physical or mental injury inflicted upon him by
4 other than accidental means.

5 b. "Child abuse" means and shall include any of the acts
6 described in section 9:6-1 of the Revised Statutes, including abuse,
7 abandonment, cruelty and neglect, which acts result in serious
8 physical or mental injury by other than accidental means.

1 3. In addition to the provisions of section 9:6-5 of the Revised
2 Statutes, the following persons may originate proceedings con-
3 cerning child abuse:

4 a. Any person in the relation to the respondent of parent,
5 child, or member of the same family or household;

6 b. A prosecutor or assistant prosecutor;

7 c. A peace officer;

8 d. A person on the court's own motion.

9 e. Any person having first hand knowledge of an act or acts of
10 child abuse.

1 4. On the filing of a complaint alleging child abuse under this act,

2 the court shall cause a copy of the complaint and a summons to be
3 issued, clearly marked on the face thereof "Child Abuse Case,"
4 and served within 24 hours thereafter upon the parent or other
5 person responsible for the child's care or with whom the child
6 is domiciled, to appear before the court at the time and place
7 designated in the summons to answer the complaint. The court
8 shall also require the person thus summoned to produce the child
9 at the time and place designated. If the summons cannot be served
10 within 24 hours, such fact shall be reported to the court with the
11 reasons therefor and the court shall take such further action as is
12 deemed necessary including the issuance of an arrest warrant.

1 5. In all counties an abused child shall be represented during all
2 stages of the proceedings by the county prosecutor or an assistant
3 prosecutor.

4 The foregoing provisions of this section shall not preclude a
5 person in parental relationship to such child from appearing by
6 counsel in any such proceeding.

1 6. Each hospital, social service agency or other public or private
2 agency having custody of any records, photographs or other evi-
3 dence relating to child abuse shall, upon request of the court or one
4 of the parties to the proceedings, be required to make such records,
5 photographs or evidence available for use in any proceeding relat-
6 ing to child abuse.

1 7. Upon the filing of a complaint under this act which contains an
2 allegation that either parent or other person legally responsible
3 for the care of a child or with whom he resides is addicted to the
4 use of narcotic drugs, the court shall hold a preliminary hearing
5 to determine the sufficiency of such allegations and if the court, at
6 the conclusion of such hearing, determines that the temporary re-
7 moval of such child from his home is in the best interest of the
8 child, an order shall be entered providing for the temporary place-
9 ment of the child.

1 8. In all proceedings relating to child abuse, the court shall
2 order an examination of the child alleged to be abused and any
3 other child or children in the custody or care of the parent or per-
4 son responsible for such custody or care by a physician appointed
5 or designated for the purpose by the court.

6 During such examination, the physician shall arrange to have
7 colored photographs taken of the areas of trauma visible on such
8 child and shall, on the completion of such examination, forward
9 the results thereof together with the color photographs to the court
10 ordering such examination.

1 9. In all proceedings relating to child abuse, the court may
2 order the person charged therewith to be examined by a physician,
3 psychiatrist or psychologist appointed or designated for the pur-
4 pose by the court. The court, during or after a hearing, may
5 remand for a period not exceeding 30 days any such person for
6 physical or psychiatric study or observation:

7 a. To a hospital maintained by the county in which the court is
8 located, or

9 b. To a hospital maintained by the State, or

10-11 c. To a qualified private institution designated by the court.

12 Provided, however, that if the court shall order a psychiatric
13 examination of any such person, the court may request the director
14 of an institution in the Department of Institutions and Agencies
15 located in the area in which the court is located to cause such exam-
16 ination to be made. The director may designate a member of the
17 staff of his institution or he may designate any psychiatrist in the
18 State to make the examination. The psychiatrist shall forthwith
19 examine such person. The examination may be made in the place
20 where the person may be or, upon recommendation of the director,
21 the court may remand such person to such institution or to a hos-
22 pital or other place for such examination for a period not exceeding
23 30 days. During the time such person is at such institution for
24 examination, the director may administer or cause to be admin-
25 istered to such person such psychiatric, medical or other thera-
26 peutic treatment as in his discretion should be administered. The
27 Commissioner of Institutions and Agencies shall prescribe and
28 furnish blanks for remand commitment to an institution in the
29 Department of Institutions and Agencies. Upon completion of
30 the examination, the director shall transmit to the court the report
31 of the psychiatrist who conducted the examination.

1 10. After a hearing upon all of the allegations of the complaint, if
2 the court shall determine that such allegations are established, the
3 court shall enter an order directing the removal of such child from
4 his home until such order is modified, and providing for his place-
5 ment as the court shall determine.

1 11. Every social services agency, police department or any
2 public or private agency, including any school, having in its custody
3 records relating to child abuse shall, within 24 hours after receipt
4 of such record, forward a copy thereof to the prosecutor.

1 12. In every case where a proceeding respecting an abused child
2 has originated in or been transferred to the juvenile and domestic
3 relations court, the clerk thereof shall make an appropriate applica-
4 tion to the Federal Social Security Administration for the assign-

5 ment of a Social Security number to such child, if no such number
6 has previously been assigned. The Social Security number of such
7 child shall become a part of the court records but shall be made
8 available to law enforcement agencies upon request.

1 13. If the parent or person legally responsible for the care of
2 any such child or with whom he resides receives public assistance
3 and care, any portion of which is attributable to such child, a copy
4 of the order of the court providing for the removal of such child
5 from his home shall be furnished to the appropriate social services
6 official, who shall reduce public assistance and care furnished such
7 parent or other person by the amount attributable to such child.

1 14. Any physician or hospital treating an abused child under
2 16 years shall have the right to keep such child in his custody
3 until such time as the custody of the child has been transferred
4 to the appropriate police authorities.

1 15. Any physician, dentist, osteopath, optometrist, chiropractor,
2 podiatrist, resident, intern, registered nurse or hospital per-
3 sonnel engaged in the admission, examination, care or treatment
4 of persons or Christian Science practitioner having reasonable
5 cause to suspect that a child under the age of 16 years, brought
6 to him or coming before him for admission, examination, care or
7 treatment, has had serious physical injury inflicted upon him by
8 other than accidental means, or whose condition gives indication
9 of other serious abuse or maltreatment or evidence is present of
10 previous abuse or maltreatment, shall immediately report or cause
11 reports to be made of such injuries, abuse or maltreatment to the
12 county prosecutor of the county in which such child resides in
13 accordance with the provisions of this act; provided, that where
14 said physician, dentist, osteopath, optometrist, chiropractor,
15 podiatrist, registered nurse, resident, or intern or such hospital
16 personnel attends such child in his capacity as a member of the
17 staff of a hospital or similar institution, he shall notify the person
18 in charge of the institution, or his designee, who shall report or
19 cause reports to be made in accordance with this act.

1 16. a. Any social services worker or school official having
2 reasonable cause to suspect that a child under the age of 16 years
3 has had serious physical injury inflicted upon him by other than
4 accidental means, or whose condition gives indication of other
5 serious abuse or maltreatment, shall report or cause reports to be
6-7 made in accordance with the provisions of this act.

8 b. Any report filed pursuant to this act shall be admissible in
9 evidence in any proceeding relating to child abuse.

1 17. Such report shall be made immediately by telephone or
2 otherwise, followed as soon thereafter as possible by a report in
3 writing. Such report shall contain the names and addresses of the
4 child and his parent, parents, guardian, or person having custody
5 and control of the child and, if known, the child's age, the nature
6 and extent of the child's injuries, abuse or maltreatment, including
7 any evidence of previous injuries, abuse or maltreatment, and
8 any other information that the physician believes may be helpful
9 to the prosecutor with respect to the injuries, abuse or maltreat-
10 ment and the identity of the perpetrator.

1 18. Anyone authorized and acting pursuant to this act in the
2 making of a report under this act shall have immunity from any
3 liability, civil or criminal, that might otherwise be incurred or
4 imposed. Any such person shall have the same immunity with
5 respect to testimony given in any judicial proceeding resulting
6 from such report.

1 19. In any action brought under this act, no person may refuse
2 or be prevented from testifying or providing information against
3 any person accused of child abuse on the basis of the evidential
4 privileges extended to husband and wife, physician and patient,
5 lawyer and client pursuant to P. L. 1960, chapter 52 (C. 2A :84A-1
6 et seq.) or the Rules Governing the Courts of New Jersey.

1 20. Anyone knowingly and willfully violating the provisions of
2 this act, including the failure to make a report by any person au-
3 thorized by this act to report and having reasonable cause to
4 believe that an act of child abuse has been committed, shall be
5 guilty of a misdemeanor.

1-3 21. Upon receipt of such a report the county prosecutor shall
4 cause the matter to be fully investigated and shall, as the results
5 of his investigation may warrant, proceed in the manner prescribed
6 by the laws relevant to criminal prosecution, or file a complaint
7 with the Bureau of Children's Services, or with any other agency,
8 public or private, authorized to perform protective services for
9 children, in accordance with the provisions of law relevant to pro-
10 tective services for children.

11 (b) The county prosecutor shall, immediately upon receipt of
12 any written report submitted by a physician or by a hospital or
13 any other person authorized by law pursuant to section 3 of this
14 act or any act supplementing this act, forward a copy thereof to
15 the Bureau of Children's Services for the sole purpose of compila-
16 tion by that agency of State-wide statistical data concerning such
17 reports, provided, however, that the submission of such report shall
18 not be deemed to be a filing of the complaint with the Bureau of

19 Children's Services as provided by subsection a. Any prosecutor
20 or agency authorized by subsection a. to investigate a report shall,
21 upon completion of its investigation, on forms approved by the
22 Bureau of Children's Services, submit its findings to said bureau
23 for the sole purpose of the completion of its statistical data con-
24 cerning such reports.

1 22. This act shall take effect immediately.

ASSEMBLY COMMITTEE AMENDMENTS TO

SENATE, No. 747

STATE OF NEW JERSEY

ADOPTED MAY 6, 1971

Amend page 1, title, line 1, omit "article 1 of".

Amend page 1, section 1, line 1, omit "establish proceedings", insert "provide".

Amend page 1, section 1, line 2, omit "16", insert "18".

Amend page 1, section 1, lines 2 and 3, omit "serious physical".

Amend page 1, section 1, line 5, after "are", insert "immediately".

Amend page 1, section 2, line 2, omit "16", insert "18".

Amend page 1, section 2, lines 3 and 4, omit "had serious physical or mental injury inflicted upon him by other than accidental means", insert "been subjected to child abuse".

Amend page 1, section 2, line 7, omit "serious".

Amend pages 1 to 6, sections 3 to 21, omit in their entirety and add new sections as follows:

"3. Any person may report suspicion or knowledge of child abuse.

The following persons shall report suspicion or knowledge of child abuse:

- a. Every parent, child, or member of the same family or household;
- b. Every prosecutor or assistant prosecutor;
- c. Every peace officer;
- d. Every social services worker, school official, or school teacher;
- e. Every other person suspecting child abuse or acts of child abuse including each physician, osteopath, optometrist, chiropractor, podiatrist, resident, nurse, intern, or hospital personnel engaged in the admission, examination, care or treatment of persons, or Christian Science practitioner.

4. Any of said persons acting in his capacity as a member of the staff of any public or private institution shall cause a report of child abuse to be made to the Bureau of Children's Services and shall also notify the person in charge of the institution who likewise shall report to the Bureau in accordance with the provisions of this act.

5. A report shall be made immediately upon suspecting or ascertaining any case of child abuse to the Bureau of Children's Services by telephone or otherwise, followed by a report in writing within ten days thereafter. Such reports, where possible, shall contain the names and addresses of the child and his parent, guardian, or other person having custody and control of the child and, if known, the child's age, the nature and possible extent of the child's injuries, abuse or maltreatment, including any evidence of previous injuries, abuse or maltreatment, and any other information that the person believes may be helpful with respect to the child abuse and the identity of the perpetrator.

6. Upon receipt of any such report the Bureau of Children's Services shall immediately take such action as shall be necessary to insure the safety of the child under the purview of P. L. 1951, c. 138 (C. 30:4C-1 et seq.). The bureau shall also, within 72 hours, forward a report of such matter to the Central Registry of the Bureau of Children's Services in Trenton.

7. The Bureau of Children's Services shall maintain in each of its districts on a 24 hour daily basis throughout each year an emergency telephone service for the receipt of child abuse calls. The telephone listings throughout each district for such service shall be "Bureau of Children's Services—Emergency calls."

8. Anyone acting in good faith pursuant to this act in the making of a report under this act shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such person shall have the same immunity with respect to testimony given in any judicial proceeding resulting from such report.

9. The Bureau shall report all cases of child abuse to the prosecutors of the respective counties in which the acts of child abuse occur.

10. Any person knowingly violating the provisions of this act including the failure to report an act of child abuse having reasonable cause to believe that an act of child abuse has been committed is a disorderly person.''.
'

Amend page 6, section 22, line 1, omit "22," insert "11."

[OFFICIAL COPY REPRINT]

SENATE, No. 747

STATE OF NEW JERSEY

INTRODUCED APRIL 6, 1970

By Senators McDERMOTT, SEARS, CRABIEL, RINALDO,
LACORTE and GIULIANO

Referred to Committee on Institutions and Welfare

AN ACT concerning child abuse and supplementing ***[article 1 of]**
chapter 6 of Title 9 of the Revised Statutes.

1 BE IT ENACTED *by the Senate and General Assembly of the State*
2 *of New Jersey:*

1 1. The purpose of this act is to ***[establish proceedings]** **pro-*
2 *vide** for the protection of children under ***[16]** **18** years of age
3 who have had ***[serious physical]** **injury* inflicted upon them by
4 other than accidental means. It is the intent of this legislation to
5 assure that the lives of innocent children are **immediately** safe-
6 guarded from further injury and possible death and that the legal
7 rights of such children are fully protected.

1 2. For purposes of this act:

2 a. "Abused child" means a child under the age of ***[16]** **18**
3 years who has ***[had serious physical or mental injury inflicted**
4 **upon him by other than accidental means]** **been subjected to child*
4A *abuse**.

5 b. "Child abuse" means and shall include any of the acts
6 described in section 9:6-1 of the Revised Statutes, including abuse,
7 abandonment, cruelty and neglect, which acts result in ***[serious]**
8 **physical or mental injury by other than accidental means.**

1 ***[3.** In addition to the provisions of section 9:6-5 of the Revised
2 Statutes, the following persons may originate proceedings con-
3 cerning child abuse:

4 a. Any person in the relation to the respondent of parent,
5 child, or member of the same family or household;

6 b. A prosecutor or assistant prosecutor;

7 c. A peace officer;

8 d. A person on the court's own motion.

9 e. Any person having first hand knowledge of an act or acts of
10 child abuse.

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in the above bill
is not enacted and is intended to be omitted in the law.**

1 4. On the filing of a complaint alleging child abuse under this act,
2 the court shall cause a copy of the complaint and a summons to be
3 issued, clearly marked on the face thereof "Child Abuse Case,"
4 and served within 24 hours thereafter upon the parent or other
5 person responsible for the child's care or with whom the child
6 is domiciled, to appear before the court at the time and place
7 designated in the summons to answer the complaint. The court
8 shall also require the person thus summoned to produce the child
9 at the time and place designated. If the summons cannot be served
10 within 24 hours, such fact shall be reported to the court with the
11 reasons therefor and the court shall take such further action as is
12 deemed necessary including the issuance of an arrest warrant.

1 5. In all counties an abused child shall be represented during all
2 stages of the proceedings by the county prosecutor or an assistant
3 prosecutor.

4 The foregoing provisions of this section shall not preclude a
5 person in parental relationship to such child from appearing by
6 counsel in any such proceeding.

1 6. Each hospital, social service agency or other public or private
2 agency having custody of any records, photographs or other evi-
3 dence relating to child abuse shall, upon request of the court or one
4 of the parties to the proceedings, be required to make such records,
5 photographs or evidence available for use in any proceeding relat-
6 ing to child abuse.

1 7. Upon the filing of a complaint under this act which contains an
2 allegation that either parent or other person legally responsible
3 for the care of a child or with whom he resides is addicted to the
4 use of narcotic drugs, the court shall hold a preliminary hearing
5 to determine the sufficiency of such allegations and if the court, at
6 the conclusion of such hearing, determines that the temporary re-
7 moval of such child from his home is in the best interest of the
8 child, an order shall be entered providing for the temporary place-
9 ment of the child.

1 8. In all proceedings relating to child abuse, the court shall
2 order an examination of the child alleged to be abused and any
3 other child or children in the custody or care of the parent or per-
4 son responsible for such custody or care by a physician appointed
5 or designated for the purpose by the court.

6 During such examination, the physician shall arrange to have
7 colored photographs taken of the areas of trauma visible on such
8 child and shall, on the completion of such examination, forward
9 the results thereof together with the color photographs to the court
10 ordering such examination.

1 9. In all proceedings relating to child abuse, the court may
2 order the person charged therewith to be examined by a physician,
3 psychiatrist or psychologist appointed or designated for the pur-
4 pose by the court. The court, during or after a hearing, may
5 remand for a period not exceeding 30 days any such person for
6 physical or psychiatric study or observation:

7 a. To a hospital maintained by the county in which the court is
8 located, or

9 b. To a hospital maintained by the State, or

10-11 c. To a qualified private institution designated by the court.

12 Provided, however, that if the court shall order a psychiatric
13 examination of any such person, the court may request the director
14 of an institution in the Department of Institutions and Agencies
15 located in the area in which the court is located to cause such exam-
16 ination to be made. The director may designate a member of the
17 staff of his institution or he may designate any psychiatrist in the
18 State to make the examination. The psychiatrist shall forthwith
19 examine such person. The examination may be made in the place
20 where the person may be or, upon recommendation of the director,
21 the court may remand such person to such institution or to a hos-
22 pital or other place for such examination for a period not exceeding
23 30 days. During the time such person is at such institution for
24 examination, the director may administer or cause to be admin-
25 istered to such person such psychiatric, medical or other thera-
26 peutic treatment as in his discretion should be administered. The
27 Commissioner of Institutions and Agencies shall prescribe and
28 furnish blanks for remand commitment to an institution in the
29 Department of Institutions and Agencies. Upon completion of
30 the examination, the director shall transmit to the court the report
31 of the psychiatrist who conducted the examination.

1 10. After a hearing upon all of the allegations of the complaint, if
2 the court shall determine that such allegations are established, the
3 court shall enter an order directing the removal of such child from
4 his home until such order is modified, and providing for his place-
5 ment as the court shall determine.

1 11. Every social services agency, police department or any
2 public or private agency, including any school, having in its custody
3 records relating to child abuse shall, within 24 hours after receipt
4 of such record, forward a copy thereof to the prosecutor.

1 12. In every case where a proceeding respecting an abused child
2 has originated in or been transferred to the juvenile and domestic
3 relations court, the clerk thereof shall make an appropriate applica-
4 tion to the Federal Social Security Administration for the assign-

5 ment of a Social Security number to such child, if no such number
6 has previously been assigned. The Social Security number of such
7 child shall become a part of the court records but shall be made
8 available to law enforcement agencies upon request.

1 13. If the parent or person legally responsible for the care of
2 any such child or with whom he resides receives public assistance
3 and care, any portion of which is attributable to such child, a copy
4 of the order of the court providing for the removal of such child
5 from his home shall be furnished to the appropriate social services
6 official, who shall reduce public assistance and care furnished such
7 parent or other person by the amount attributable to such child.

1 14. Any physician or hospital treating an abused child under
2 16 years shall have the right to keep such child in his custody
3 until such time as the custody of the child has been transferred
4 to the appropriate police authorities.

1 15. Any physician, dentist, osteopath, optometrist, chiropractor,
2 podiatrist, resident, intern, registered nurse or hospital per-
3 sonnel engaged in the admission, examination, care or treatment
4 of persons or Christian Science practitioner having reasonable
5 cause to suspect that a child under the age of 16 years, brought
6 to him or coming before him for admission, examination, care or
7 treatment, has had serious physical injury inflicted upon him by
8 other than accidental means, or whose condition gives indication
9 of other serious abuse or maltreatment or evidence is present of
10 previous abuse or maltreatment, shall immediately report or cause
11 reports to be made of such injuries, abuse or maltreatment to the
12 county prosecutor of the county in which such child resides in
13 accordance with the provisions of this act; provided, that where
14 said physician, dentist, osteopath, optometrist, chiropractor,
15 podiatrist, registered nurse, resident, or intern or such hospital
16 personnel attends such child in his capacity as a member of the
17 staff of a hospital or similar institution, he shall notify the person
18 in charge of the institution, or his designee, who shall report or
19 cause reports to be made in accordance with this act.

1 16. a. Any social services worker or school official having
2 reasonable cause to suspect that a child under the age of 16 years
3 has had serious physical injury inflicted upon him by other than
4 accidental means, or whose condition gives indication of other
5 serious abuse or maltreatment, shall report or cause reports to be
6-7 made in accordance with the provisions of this act.

8 b. Any report filed pursuant to this act shall be admissible in
9 evidence in any proceeding relating to child abuse.

1 17. Such report shall be made immediately by telephone or
2 otherwise, followed as soon thereafter as possible by a report in
3 writing. Such report shall contain the names and addresses of the
4 child and his parent, parents, guardian, or person having custody
5 and control of the child and, if known, the child's age, the nature
6 and extent of the child's injuries, abuse or maltreatment, including
7 any evidence of previous injuries, abuse or maltreatment, and
8 any other information that the physician believes may be helpful
9 to the prosecutor with respect to the injuries, abuse or maltreat-
10 ment and the identity of the perpetrator.

1 18. Anyone authorized and acting pursuant to this act in the
2 making of a report under this act shall have immunity from any
3 liability, civil or criminal, that might otherwise be incurred or
4 imposed. Any such person shall have the same immunity with
5 respect to testimony given in any judicial proceeding resulting
6 from such report.

1 19. In any action brought under this act, no person may refuse
2 or be prevented from testifying or providing information against
3 any person accused of child abuse on the basis of the evidential
4 privileges extended to husband and wife, physician and patient,
5 lawyer and client pursuant to P. L. 1960, chapter 52 (C. 2A:84A-1
6 et seq.) or the Rules Governing the Courts of New Jersey.

1 20. Anyone knowingly and willfully violating the provisions of
2 this act, including the failure to make a report by any person au-
3 thorized by this act to report and having reasonable cause to
4 believe that an act of child abuse has been committed, shall be
5 guilty of a misdemeanor.

1-3 21. Upon receipt of such a report the county prosecutor shall
4 cause the matter to be fully investigated and shall, as the results
5 of his investigation may warrant, proceed in the manner prescribed
6 by the laws relevant to criminal prosecution, or file a complaint
7 with the Bureau of Children's Services, or with any other agency,
8 public or private, authorized to perform protective services for
9 children, in accordance with the provisions of law relevant to pro-
10 tective services for children.

11 (b) The county prosecutor shall, immediately upon receipt of
12 any written report submitted by a physician or by a hospital or
13 any other person authorized by law pursuant to section 3 of this
14 act or any act supplementing this act, forward a copy thereof to
15 the Bureau of Children's Services for the sole purpose of compila-
16 tion by that agency of State-wide statistical data concerning such
17 reports, provided, however, that the submission of such report shall
18 not be deemed to be a filing of the complaint with the Bureau of

19 Children's Services as provided by subsection a. Any prosecutor
 20 or agency authorized by subsection a. to investigate a report shall,
 21 upon completion of its investigation, on forms approved by the
 22 Bureau of Children's Services, submit its findings to said bureau
 23 for the sole purpose of the completion of its statistical data con-
 24 cerning such reports.]*

1 *3. Any person may report suspicion or knowledge of child abuse.

2 The following persons shall report suspicion or knowledge of child
 3 abuse:

4 a. Every parent, child, or member of the same family or house-
 5 hold;

6 b. Every prosecutor or assistant prosecutor;

7 c. Every peace officer;

8 d. Every social services worker, school official, or school teacher;

9 e. Every other person suspecting child abuse or acts of child
 10 abuse including each physician, osteopath, optometrist, chiroprac-
 11 tor, podiatrist, resident, nurse, intern, or hospital personnel en-
 12 gaged in the admission, examination, care or treatment of persons,
 13 or Christian Science practitioner.

14 4. Any of said persons acting in his capacity as a member of the
 15 staff of any public or private institution shall cause a report of child
 16 abuse to be made to the Bureau of Children's Services and shall also
 17 notify the person in charge of the institution who likewise shall
 18 report to the Bureau in accordance with the provisions of this act.

19 5. A report shall be made immediately upon suspecting or ascer-
 20 taining any case of child abuse to the Bureau of Children's Services
 21 by telephone or otherwise, followed by a report in writing within ten
 22 days thereafter. Such reports, where possible, shall contain the
 23 names and addresses of the child and his parent, guardian, or other
 24 person having custody and control of the child and, if known, the
 25 child's age, the nature and possible extent of the child's injuries,
 26 abuse or maltreatment, including any evidence of previous injuries,
 27 abuse or maltreatment, and any other information that the person
 28 believes may be helpful with respect to the child abuse and the
 29 identity of the perpetrator.

30 6. Upon receipt of any such report the Bureau of Children's
 31 Services shall immediately take such action as shall be necessary to
 32 insure the safety of the child under the purview of P. L. 1951, c. 138
 33 (C. 30:4C-1 et seq.). The bureau shall also, within 72 hours, forward
 34 a report of such matter to the Central Registry of the Bureau of
 35 Children's Services in Trenton.

36 7. The Bureau of Children's Services shall maintain in each of
 37 its districts on a 24 hour daily basis throughout each year an emer-

38 gency telephone service for the receipt of child abuse calls. The
39 telephone listings throughout each district for such service shall be
40 "Bureau of Children's Services—Emergency calls."

41 8. Anyone acting in good faith pursuant to this act in the making
42 of a report under this act shall have immunity from any liability,
43 civil or criminal, that might otherwise be incurred or imposed. Any
44 such person shall have the same immunity with respect to testimony
45 given in any judicial proceeding resulting from such report.

46 9. The Bureau shall report all cases of child abuse to the prosecu-
47 tors of the respective counties in which the acts of child abuse occur.

48 10. Any person knowingly violating the provisions of this act
49 including the failure to report an act of child abuse having reason-
50 able cause to believe that an act of child abuse has been committed
51 is a disorderly person.*

1 ***[22.]*** *11.* This act shall take effect immediately.

SENATE AMENDMENTS TO
SENATE, No. 747
[OFFICIAL COPY REPRINT]

STATE OF NEW JERSEY

ADOPTED NOVEMBER 15, 1971

Amend page 1, section 1, line 3, after "physical", insert "serious".

Amend page 1, section 2, line 7, after "in", insert "serious".

Amend page 6, section 3, lines 1 to 13, omit section 3.

Amend page 6, section 4, lines 14 to 18, omit section 4.

Amend page 6, section 5, lines 19 to 21, omit "5. A report shall be made immediately upon suspecting or ascertaining any case of child abuse to the Bureau of Children's Services by telephone or otherwise, followed by a report in writing within ten".

Page 6, section 5, line 22, omit "days thereafter.", insert: "3. Any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same promptly to the Bureau of Children's Services by telephone or otherwise."

Amend page 6, section 6, line 30, omit "6", and insert "4".

Amend page 6, section 6, lines 32 and 33, omit "under the purview of P. L. 1951, c. 138 (C. 30:4C-1 et seq.)", and insert "and to that end may request and shall receive appropriate assistance from local and State law enforcement officials".

Amend page 6, section 6, line 35, after "Trenton.", insert "No information received in the central registry shall be considered as a public record within the meaning of P. L. 1963, c. 73."

Amend page 6, section 7, line 36, omit "7", and insert "5".

Amend page 7, section 7, lines 38 to 40, after "calls.", omit sentence beginning "The telephone listings".

Amend page 7, section 8, line 41, omit "8", and insert "6".

Amend page 7, section 8, line 41, omit "in good faith".

Amend page 7, section 9, lines 46 and 47, omit section 9.

Amend page 7, section 10, line 48, omit "10", and insert "7".

Amend page 7, section 10, line 50, after "committed", insert ",".

Amend page 7, section 10, line 51, after section 10, insert new section 8 as follows:

"8. The Bureau of Children's Services shall from time to time promulgate such rules and regulations as may be necessary to effectuate the provisions of this act."

Amend page 7, section 11, line 1, omit "11", and insert "9".

STATE OF NEW JERSEY
EXECUTIVE DEPARTMENT

November 15, 1971

SENATE BILL NO. 747 (OCR)

To the Senate:

I am returning herewith, pursuant to Article V, Section I, Paragraph 14(b) of the Constitution, Senate Bill No. 747 (OCR) for reconsideration.

While the intent of this bill is exemplary, in that it seeks to provide for the protection of children under 18 who are the victims of other than accidental injury, it contains some ambiguities and deficiencies which must be remedied in order to insure that the laudable intent of the bill comes to fruition.

The word "injury" in section 1 of Senate Bill No. 747 (OCR) is overbroad and should be further defined so as to include within the purview of the Act only serious injury.

Section 3 deals with the reporting of "suspicion or knowledge of child abuse"; as to some persons the reporting of "suspicion of child abuse" is made mandatory. The meaning and connotation of the word "suspicion" is legally too ill-defined to be helpful or appropriate in this context. What is desired is that a report should be made whenever there is reasonable cause to believe an offense has been committed. Imposing an absolute requirement that "suspicion" be reported provides an invitation to abuse, harassment and litigation, none of which will assist in the alleviation of this serious problem.

Under the provisions of section 6, the Bureau of Children's Services is directed to take action necessary to insure the safety of the child. The action taken is to be within the purview of P.L. 1951, C. 138. This reference could be considered as limiting the Bureau's available responsive reactions; such an interpretation might prevent the Board from taking critical and expeditious action. I do not believe that the Legislature intended to so restrict the Bureau's scope or means of response.

Section 9 which mandates the reporting of child abuse to the several County Prosecutors must be given a most critical review. The

STATE OF NEW JERSEY
EXECUTIVE DEPARTMENT

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SENATE BILL NO. 747 (OCR)

establishment of what appears to be a crime-oriented, punitive climate within the bill may possibly have a deterrent effect on would be reporters. Adequate punishment for child abuse is essential but its criminal aspects should be treated in separate legislation. While no one could condone child abuse, the primary objective of this bill must be child protection. Maximum reporting is absolutely essential to the accomplishment of that objective and any provision which militates against reporting should be cast aside.

Accordingly, Senate Bill No. 747 (OCR) is hereby returned for reconsideration with the following suggested amendments:

Page 1, section 1, line 3: After "physical]" insert "serious"

Page 1, section 2, line 7: After "in" insert "serious"

Page 6, section 3, lines 1-13: Omit section 3.

Page 6, section 4, lines 4-18: Omit section 4.

Page 6, section 5, lines 19-21: Omit "5. A report shall be made immediately upon suspecting or ascertaining any case of child abuse to the Bureau of Children Services by telephone or otherwise, followed by a report in writing within ten"

Page 6, section 5, line 22: Omit "days thereafter." insert:

"3. Any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same promptly to the Bureau of Children's Services by telephone or otherwise."

Page 6, section 6, line 30: Omit "6" and insert "4"

Page 6, section 6, lines 32-33: Omit "under the purview of P.L. 1951, c. 133 (C. 30:40-1 et seq.)." and insert "and to that end may request and shall receive appropriate assistance from local and state law enforcement officials."

STATE OF NEW JERSEY
EXECUTIVE DEPARTMENT

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Page 6, section 6, line 35: After "Trenton." insert "No information received in the central registry shall be considered as a public record within the meaning of P.L. 1963, c. 73."

Page 6, section 7, line 36: Omit "7" and insert "5"

Page 7, section 7, lines 38-40: After "calls." omit sentence beginning "The telephone listings"

Page 7, section 8, line 41: Omit "8" and insert "6"

Page 7, section 8, line 41: Omit "in good faith"

Page 7, section 9, lines 46-47: Omit section 9

Page 7, section 10, line 48: Omit "10" and insert "7"

Page 7, section 10, line 50: After "committed" insert ","

Page 7, section 10, line 51: After section 10, insert new section 8 as follows: "8. The Bureau of Childrens Services shall from time to time promulgate such rules and regulations as may be necessary to effectuate the provisions of this Act.

Page 7, section 11, line 1: Omit "11" and insert "9"

Respectfully,

/s/ William T. Cahill

GOVERNOR

Attest:

/s/ Jean E. Mulford

Acting Secretary to the Governor



PUBLIC HEARING

before

New Jersey State Library

CHILD ABUSE STUDY COMMISSION.
(Created under Assembly Concurrent
Resolution No. 86 of 1970)

Held:
March 26, 1971
Senate Chamber
State House
Trenton, New Jersey

MEMBERS OF COMMISSION PRESENT:

- Assemblywoman Millicent H. Fenwick (Chairman)
- Assemblyman Joseph A. LeFante
- Assemblyman Ronald Owens
- Assemblyman Hugo M. Pfaltz

* * * *

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ASSEMBLYWOMAN MILLICENT H. FENWICK (Chairman): I just want to say before we open this hearing that I think you would be as interested and as horrified as I am to discover that this Child Abuse Commission has been reported in the paper very faithfully and as Chairman of the Commission, I received the third letter this week from a concerned member of the public. In this same time I have received at least 500 letters concerning cruelty to animals and I am not even a member of the committee that would consider the legislation that is pending on this subject. Now, if that doesn't suggest something about the-- I don't think it is the indifference; I think it is the lack of information that our people have concerning the welfare of our children. I don't know what we can do in this Commission but until we change the climate of this opinion we are not going to get the action from the arms of the State and the agencies that are supposed to act.

MR. WELLS: There is a great presumption on the part of most people that all children are well cared for.

ASSEMBLYWOMAN FENWICK: And the curious part is that the safest home - the place where the people really are intelligently concerned about the children are the parents who will tell you, "oh, wait a minute you must not do anything that would interfere with the rights of the parents." They have no conception that the rights of the child are jeprodized and that the State is, of necessity charged with the protection of helpless people - and of course, most of all, children.

Well, anyway, now that Assemblyman Pfaltz is here I think we might start the hearing. My name is Millicent Fenwick, Assemblywoman from Somerset County and this is Assemblyman Hugo Pfaltz from Union County.

We are charged here, under the resolution, to study

child abuse and other aspects of child welfare. We have conducted now four hearings in the State and this is the fifth. We are concentrating on child abuse because we hope to introduce legislation that will improve the situation which is obviously very bad and deteriorating, according to all the people who have come before us.

The purpose of the Commission is to try to set up a network of protection for our children against child abuse. We are not, in this Commission, pointing the finger at any particular county or person or agency and we are not concerned with the activities of the parents either except insofar as they have a deleterious effect on the welfare of the children. For that purpose we are not studying what the parents do, we are studying how the children are and what the condition of the child is. A healthy, inquisitive, rosey, laughing, child is obviously not threatened regardless of what the home environment may be in the opinion of others who have different views as to lifestyle.

So, with that little preliminary I think we might hear from Mr. Wells who has very kindly taken time out to come and speak to us.

For the record, Mr. Wells, would you give us your full name.

R O B E R T C. W E L L S: I am Robert C. Wells, I am Director of Welfare in Monmouth County, I am the Adjuster of Monmouth County and I am currently President of the State Chapter of the National Association of Social Workers.

I cite these references not to attach, or identify any of those organizations with my statement but rather to give you some basis for the remarks that I share with you.

I am here to support the passage of Senate bill number 747. I advise that the thrust of this bill, endeavoring to spread the network of protected persons who can cite an instance of child abuse, is an essential step in the

creation of the kind of protective network that we need for children in this State. I am sure you have learned in other testimony, such legal provisions are in order in other states and it seems only logical that New Jersey take this step forward also.

I'm sure that you had testimony, and will receive testimony today, which will relate to the items in this legislation. There is some wording that could always be improved, as there can be for any draft legislation and even existing legislation. I am not here to nit-pick the wording of that bill. There are persons who are more expert in the particular aspects of this than I who can do that job with you and for you.

My major interest is to, in a sense, alert the Commission to what I think are some of the important implications of this legislation in terms of administrative systems. This bill properly and logically requires the Bureau of Children's Services, or other authorized protective agency, to do the thorough investigation that must follow the report.

The reality is, as I am sure too many of us are aware, that if this task were thrown onto the Bureau of Children's Services today, they could not fully and amply respond to that request. Not that they are not willing, not that their staff is not capable of doing the job, but again, it is another instance where our Legislature or our public, through our Legislature, add a task to an existing agency that has not yet ever been properly armed to do the task charged.

I fear that unless there is a full realization that the task of proper investigation and review of abuse cases, if not coupled with adequate appropriation to make that possible, this bill in itself will become a non sequitur because we know that if we create a system of reporting and the people who do the reporting find that there is no result from their reporting, that this will discourage the reporting and we will not have the full benefit of the legislation

which is intended by its sponsors.

I think I would like to speculate with you in a sense as to what are some of the measures we can take to overcome what we know is an on-going problem of the support of child welfare in this State. The unfortunate record, not only in New Jersey but in too many other states, is that the track record of appropriations and support of child welfare agencies has been a poor one. In this State you have had the Blum report and other very vigorous efforts on the part of authorized groups- commission groups; we have on-going efforts by voluntary groups such as the Junior League, and it all seems to add up to the standard problem of how can we use what resources are made available to make the program work. The Bureau of Children's Services, along with many other State agencies, is in competition for the revenue produced by what we know is a revenue raising system that requires some review. It seems to me that as long as we place the Bureau of Children's Services in that kind of a competitive status, it will suffer from a shortage of revenue.

Mrs. Fenwick, a moment ago, indicated that there had been very little public response to the reports of the workings of this commission and it is difficult to understand why persons do not more adequately and more effectively express their concern regarding this problem. I think one of the reasons is, and I offer this for whatever consideration or value it may have, one of the reasons is that it is very difficult for the public to relate to a State administered agency. I give you an instance of what happened in Monmouth County some four years ago. If you read the New York Times this past week you know that there was a case in the State Court in which two persons were accused of fornication. This accusation resulted from their application for Welfare in Passaic County. They were found not guilty of this charge on the basis that they had to, as required by the Welfare procedures, incriminate themselves.

Some of you who have been in the State and have followed the Welfare situation the past five or six years know that that particular case was preceded by a great outcry in Monmouth County in which a Freeholder endeavored to obtain the Welfare records in order to prosecute persons who had had out-of-wedlock children for fornication under that statute.

Support of that Freeholder in that effort, as expressed in numerous letters in the newspapers of Monmouth County, reflected a concern on the part of those citizens with the conditions under which certain children were being raised. Some of these children may have been Welfare children, some of them were not. The point is that the idea of penalizing parents who were not rearing children properly was appealing to this group because they were concerned for children.

So, when persons asked them if they saw these conditions, why didn't they report them in some fashion to the Bureau of Children's Services who are charged with the investigation of neglect and abuse, the answer was: We don't know about the Bureau of Children's Services, we know about Welfare, we know that you have something to do with it, you do something about it. The Welfare Department, of course, is not charged legally and is not legally authorized to take the steps that are proper in that situation although they do have responsibility for review and reporting.

The interesting thing is that there was no direct feeling of relationship on the part of these concerned citizens with the State administered agency. I do not think this is anyone's fault, it is not a culpability, it is the distance that grows between citizens and the service agencies. I think, knowing that the Federal Government is interested in a strong meshing of the services that we now associate with Welfare boards and with child welfare, I would hope that in the proceedings of either this commission or other considerations of the

status of child welfare services in this State, there would be some consideration toward an administrative integration of what are now welfare boards and what are bureau of children's services, that there will be persons who will logically and strongly argue for State administration of that entire network. There are many states in which such services are State administered. In our State we have a strong tradition of home rule.

My experience with the instance that I cited to you, my experience in relation to other State administered programs, such as retarded children, vocational rehabilitation, employment services, in my judgment, all add up to the fact that I believe we can have a much more effective network, not only of protective child welfare services but other social services, under a county administered system with strong and effective State supervision. The system can only work when the State agency charged with supervision is given appropriate dollars and is required to have appropriate staff for supervision. With the experience I have had in some eight years of practice in the State, I see indications that the tie of the service agency to some form of local board control will create a much more simple, a much more used, reporting system. It is that kind of tie that I think we need to make this kind of legislation actually come to life.

ASSEMBLYWOMAN FENWICK: Thank you, very much, Mr. Wells.

Are there any questions?

ASSEMBLYMAN PFALTZ: I only have one. As I recall it, Senate 747 extends the scope of the immunity for reporting child abuse situations.

Now, in general, in relation to the responsibility of people to report illegal activities we do not grant broad immunity. In other words, if I witness a robbery I am supposed to-and am required to-come forward and tell what I saw. If I am an employee of a bank and there is an embezzlement I am required to report it - if I think

it is an embezzlement, etc. The same thing applies when you are a public employee - you are required to report a great number of things.

Now why you draw this distinction - take the medical profession, for instance, when there is a case of a gun shot wound, or a suspected gun shot wound, doctors are required to report it without, as far as I know, any grant of immunity. Certain diseases have to be reported without any grant of immunity. Why do you believe, in the case of child abuse, in bringing up this immunity concept where it generally doesn't apply in most cases in our approach to the problem of reporting undesirable social activities?

MR. WELLS: Because I think that there is no acceptance on the part of the public generally of any standard of anti-social activity in child rearing. A gun shot wound is a clear-cut anti-social act. Embezzlement is the same. However, the treatment of the child is a much more ill defined or undefined area. Therefore, if we are to have some review of the treatment of a child by persons who understand what maltreatment can be and some review of their reports by the court, then I think we can come to some closer definition. But, meanwhile, people are simply not going to report something that may look poor to them because they are only dealing in subjective judgment and the failure to protect those people in reporting simply means that there will be no reports.

ASSEMBLYMAN PFALTZ: I frankly think you have really hit on it and what you are really saying is something which has been disturbing to me for a long time - that we haven't yet gotten to the consensus of what constitutes child abuse, but we know what a gun shot wound is.

In a way, what you are saying is that we have to start a data gathering, a consensus forming position,

and what I am saying is you can't say we are making it illegal until we know what it is we are talking about.

MR. WELLS: You have to have some guaranteed source of input to get that consensus.

ASSEMBLYMAN PFALTZ: So you believe, in effect, that we are in need of an input status. We can't really legislate against it until we first have gone through an input status and know what it is that we should legislate against.

MR. WELLS: That's right.

ASSEMBLYWOMAN FENWICK: Are there any further questions?

I have one or two. Could you tell us in which states the welfare boards and BCS are integrated so that we could telephone or get in touch with them and see how it is working?

MR. WELLS: Yes. Most of my previous practice was in Iowa and there you have complete integration. I'm sorry I didn't bring along some of the material that would relate to that. I'm sure Mr. Hollender has--

ASSEMBLYWOMAN FENWICK: Could you give us a little more information on that?

MR. WELLS: Yes. Most of your mid-Western states have an integration of administration. Wisconsin, for example, Minnesota - I was out in Minneapolis on a consultant role last spring and there the county welfare department covers not only the public assistance but also the standard child welfare services, entrance into State institutions for retardation--

ASSEMBLYWOMAN FENWICK: This is Minnesota?

MR. WELLS: Yes, Minnesota. They do the after care follow-up of discharged people from mental hospitals. There is an integration of all of them.

ASSEMBLYWOMAN FENWICK: One more question, if I may. Your suggestion to tie the service agencies to some form of local service agency - would you suggest in this that it would be wise to try to gather in each county the

strong State supervision of both private and public agencies?

MR. WELLS: No. I can see an appropriate tie between the public agency and the private agencies but I would not wish to, in any sense, usurp or diminish the aid for independent, voluntary, agencies. What I am interested in suggesting is an integration of existing public services under effective, local boards with a qualified professional staff directing. Welfare Boards, as you know, are now restricted to five citizens and two Freeholders plus the County Adjuster where he does not serve as the welfare director. This means that in Monmouth County, for example, there are only seven persons on our board. It seems to me that that board could be expanded to eleven or thirteen people and have an increase in the service scope of that agency. You would then have an appropriate, effective, board. I am well aware that the pattern of board work varies considerably among counties in New Jersey but there are, in my judgment, more effective local boards than non-effective and putting fairly defined standards of board membership, defined personnel standards, in the executive direction would go a long way, it seems to me, in bringing the kind of effective delivery of services we wish.

ASSEMBLYWOMAN FENWICK: Thank you very much. We are grateful to you for coming.

I see that we have here Dr. Young. Would you like to come up here with us, Dr. Young, because we would be happy to have you and maybe somebody will be saying something and-- Don't you think it would be nice to invite Dr. Young to come?

Now, Dr. Silver, will you move over to the witness chair, please? I know you have all your papers, that will not be easy.

Dr. Silver has come up from Washington.

We all know who you are Dr. Silver but perhaps for the record it would be well for you to introduce yourself.

DR. SILVER: My name is Dr. Larry Silver. Perhaps in

point of explaining my involvement with child abuse
I would mention that from 1963 to 1968 I was involved
in a research project at Children's Hospital in Washington,
D.C. on child abuse, primarily around the issue of why
the laws aren't working and why physicians are not reporting
the cases. I followed that by three years on the faculty
at Rutgers Medical School as associate professor of
psychiatry and continued some work there predominantly
around the country more than just in the State and had
the fortune or misfortune of being on a T.V. show with -
should I mention the name? David Susskind.

Since this summer I have been at the Psychiatric
Institute in Washington, D. C. as director of the
children's service.

I thought what might be most useful as a starter
is that I could ramble a bit about the kinds of problems
you run into when you do make laws and when you do try
and expect people to follow through and then come up
with some suggestions or thoughts about where to go.

I could start by responding to the question that was
asked before as to why in this case physicians have
immunity verses gun shot wounds or other types of things.

This legislation is unique in that it asks a
professional to report something he suspects. It does
not ask him to make a judgment in terms of fact. This is
a very critical issue. If someone has a gun shot wound, it
is a gun shot wound and there is no question and so
therefore he can report it.

If a child comes in with a bruise, or a broken arm,
or a fractured skull, when you suspect abuse and report it,
you are much more liable than in the gun shot case. You can't
back up on the criminal laws that would require you to
report it. So it is essential that whichever the reporting
agency or people are, that they have this immunity because
you are going to have to say something which is suspicion
rather than fact.

The problem we have with defining child abuse which is,

as you said, the starting point is that it varies from a cultural and social and psychological point of view. It is difficult to define child abuse. It can range from the old Kemp concept of battered child, which refers to physical abuse of the child, all the way over to the continuum of emotional stress of the child, and the decision you frequently face is, at what point do you write your law? Do you want to include everything or do you want to include some things?

There was one particular group in New England where the law stated something about the effect of doing anything which is detrimental to the well being of the child. They wanted to file suit with the school system because they were acting in the place of the parent and it can get out of hand in terms of what is done - the intent of the law. So, the dilemma you run into is in terms of defining it and this varies from culture to culture in terms of what represents reasonable discipline versus child abuse. There are some cultural groups which would say that you have total right to slap your child - hit your child - and there are other groups who would say, no. And then if you do accept this there are many grey areas.

For example, if a parent punishes a child with a belt - now let me be absurd to show you the dilemma you are going to run into when you are at the receiving end - do you report it only after the fourth slash or the third slash of the belt - where does parental privilege to punish leave off? If there is a welt, do you report it after two millimeters or three millimeters in size - where does parental privilege leave off and child abuse begin? Do you report it when a parent doesn't bring a child in for help if, therefore, causing child abuse only when they wait so long that the problem is irreversible? Do you not report it if they bring it in in time to treat it?

So, there are many, many factors involved in defining this syndrome - this problem, and they vary from area to

area in terms of what is socially acceptable. What is socially acceptable in the inner city might be totally different than what is acceptable in suburbia and if you are going to write a state law which covers everyone you have this difficulty.

ASSEMBLYWOMAN FENWICK: Is there any state, while you are on this subject, Dr. Silver - if you will forgive my interrupting - in the nation that you know of that has a satisfactory definition or description of child abuse? You approve, for example, of Colorado.

DR. SILVER: I like the Colorado one. You run into a problem if you go beyond physical abuse. I might say I personally feel it should include everything. But if you talk about it from a legal point of view and you talk to someone like Monroe Paulson who has done a great deal of looking into the legal aspects of this, the minute you go beyond something concrete like physical abuse, it is almost impossible to define it, to defend it, to present it to a court and to have a conviction. So, if I had to stick to a definition, even though it is not one of the most comfortable ones, I would probably stick to one that Gill used in his nationwide survey which reads, "physical abuse of children is the intentional, non-accidental, use of physical force or intentional non-accidental acts of omission on the part of a parent or any other caretaker interacting with the child in his care aimed at hurting, injuring or destroying that child."

ASSEMBLYMAN PFALTZ: If you wouldn't mind me interrupting you. You said something which was very crucial there. You said that you can't get convictions. Do you think that convictions are either desirable or effective in determining or preventing or curing child abuse?

DR. SILVER: Let me answer that.

ASSEMBLYMAN PFALTZ: In the methodology of approach to the deterrents of child abuse, do you think criminal convictions are effective?

DR. SILVER: There are many, many causes of child abuse. If you work with these parents, you find that in many cases the problem has strictly to do with social economics and stress. In some cases the parents are neurotic and perhaps the ideal treatment would be psychiatric. In other cases the parents are psychotic and, perhaps, the choice of treatment is to hospitalize the mother. In other cases it is a criminal act and the treatment of choice would be to present it to a judge and have him make a judgment on the criminality of the issue. The big problem we have in generalizing is that there are many, many causes--there is no one simple cause. In fact, Gill, after his entire study, concludes that it is the nation's problem because it is poverty that leads to the greatest cause of the socio-economic stress which leads to child abuse and he documents it with his data.

But I think that you do need the back-up of the law in order to get the reporting. What I was going to come to later is that I think the purpose in reporting is to have a team of people go out and assess what is needed. If a criminal charge is needed to do that and if hospitalization is needed to do that and if removing a child from the home is needed to do that--

You didn't really answer my question. I would suppose you needed the back-up of the law but criminal convictions are only one aspect of the back-up of the law. To what effect, to what degree, do you think that -- If we say, well, we are going to follow the criminal route, we are very limited in those things that you could get criminal convictions for. When you say that you need the back-up of the law, that leaves you great latitude and criminal convictions are just one minor aspect of it. What degree do you think that criminal convictions are--

DR. SILVER: Well, I'm referring not only to the criminal law but the juvenile court law, the protective service laws and the specific child abuse laws, when I say

law. Maybe I shouldn't just use the word criminal. I think there are many laws that you can use. We don't need any new legislation to say that if a parent injures a child-- We have laws to handle that.

But I think that you do have to, in your definition, from the point of view of being effective, stick primarily to the physical issues rather than to the emotional because it is much more difficult to define it or understand it at this point of our knowledge.

I think the other problem we run into is determining what the scope is of the problem - do we really have a major epidemic or don't we, do we really have a major problem or not? There are tremendous difficulties in assessing this. For example, in Gill's survey-it was interesting in terms of what you were saying earlier, he reviewed all the newspaper articles in the states of reported cases of abuse and then matched them up with cases that were reported to the reporting authorities and found in most states around 90% of the cases in the newspaper never got reported to the reporting agencies.

There are a number of reasons, I think, child abuse laws do not lead to reporting. First of all there is the one I've mentioned, and that is the difficulty in defining abuse and however you define it then everyone sort of takes off from there on their own individual practices of whatever they are doing.

Often the causes of abuse or the events of the abuse do not come to the attention of the medical authorities and for this reason I am going to support later, broadening the scope of people who can report it. In the current law it is only the physician and he is less likely to see it than other people.

There are cases brought to the attention of the physician which are not suspected or diagnosed. There are a number of reasons for this, one of which is that the whole issue of child abuse became popular and the literature has come out since 1961. We have many physicians who were

trained before that who are out practicing and do not recognize this. In one survey that was done in Washington, D.C. we found that - I think - there were three out of five physicians who reported that they never even thought of child abuse when they saw a child. It just never occurred to them, it was not part of their list of things they would do a differential diagnosis on. This gets to a point I want to mention later in terms of education.

There are also many cases of child abuse which are suspected by physicians but not reported by them and there are a number of reasons for this which I would like to get to in a few minutes.

If you look at the surveys they range from Zalber's studies which suggest that there are about one-quarter of a million children a year who are abused, to Gill's study of actual reported cases which runs about six thousand a year. In Gill's study he also noted that in 90% of the children reported for abuse there was no residual evidence of physical damage or there was no death caused which is in contrast to the mass media and much of the early literature that came out labeling this as the largest cause of death in children or the greatest maimer of children. According to the data we have now, this is not true.

Most of the laws, such as the one in New Jersey, start off by saying that if you have a reasonable cause to suspect whatever you've defined as abuse, you should report it - you referring to physicians. They also suggest, in most cases, that you report it to some form of a legal authority - police, county prosecutor, etc. the original reason being, as you know, that when the Children's Bureau first decided to put out a model law they felt that this was the only agency which, throughout the country, twenty-four hours a day, seven days a week, would always be available. There is always a police force with a phone call. They described the immunity factor which we have talked about and mentioned a misdemeanor if you do not report the case.

There are a number of concerns with these initial laws. The concentration on only one child seen by the doctor failed to mention the possible danger to other children in the household. In addition, the laws emphasize the concern that the hazards to the child would require reporting and many families, they felt, would try and avoid the issue or try and hide the child or that many children who were accidentally injured might not be brought in.

For example, a parent, meaning only to punish a child, may slap the child. However, he may also slap the child who falls backwards and bangs his head on a table and develops a fractured skull. If they are afraid that the fractured skull is going to be suspected as abuse they may not bring the child in. You may hit a child in anger without any intent of abuse but the child might fall down the steps and fracture a leg. In these cases the parent might be afraid to come in.

There are other concerns in that the fact that only the physician would be the reporter meant that the physician was in a situation where the parents would avoid him, where he was the only one who could stick his neck out, and that there were many other people from lawyers, nurses, social workers to well-meaning neighbors or school systems that should be involved.

ASSEMBLYWOMAN FENWICK: Doctor Silver, if you will forgive me. What are your solutions for these problems that you are bringing up?

Our difficulty is that we are beset with conflicting rights of parents versus children, of difficulties with reporting but what we would like to hear from you are what your solutions are for the problems you are presenting.

DR. SILVER: If there are solutions. I would be glad to make recommendations. I was leading up to that. I had a feeling that I wanted to list the problems first in terms of how to deal with them.

Specific recommendations - I'll jump ahead and in doing

so I can't help but say that I am, in part, responding to the Senate bill for the group. I would accept Gill's definition. It is not the one I am most comfortable with but it is the most practical one. I would make it age eighteen and under and not age sixteen and under. I would give the requirement to report suspected cases the broader scope that is in this law, namely, not just physicians but they list many people. I would change in a sense what would be done after reporting has taken place. I would go along with reporting to a legal organization, perhaps because it is the most available, but I would set something else in motion - something that was tried out in Denver and has worked well - and that is where the children's services - whichever happens to be in that state, Protective Services or Bureau of Children's Services - in the District of Columbia it is now called the Division of Human Resources - that they have assigned to the police department of that particular jurisdiction a representative and whenever a report comes in, two as a team in civilian clothes go out to the home, knock on the door and say: We understand your child has been abused, you seem to be in trouble, may we help you? Now, it is not all that altruistic. The police representative needs the authority which is in this bill of removing the child if he finds it necessary. This means, though, that you come in first with a carrot - we would like to help you - you don't chase them away and make them paranoid by the fact that they are going to be prosecuted. But at the same time you are keeping the child's welfare in mind because someone in that group has the authority to remove the child if necessary.

This means that you can begin to make judgments about removing the child, about psychiatric evaluation or not, about filing criminal charges or not.

If I might say as an aside, in 1963 or so I read Dr. Young's book, *Wednesdays Children*, in which she said in all cases children should be removed and I thought that was horrible. I have now done a complete circle in that I

have lived through many, many cases and have to agree with that. The number of instances of recurrence of abuse and the number of instances of children who are battered and battered and are brought in dead on arrival that I have seen make me feel that until the situation is cleared, the child be removed. The question then is where do you remove him to but that is an issue of institutional agencies or foster homes or what. I do feel the child should be taken out until the assessment is done.

What I am saying is that a team of people come in with a social services orientation but with the back-up of the legal issue and that they make the necessary judgment. I feel the immunity part of the law needs to continue and to cover all of the people reporting. I feel the issue of privileged communication between husband and wife or between physician and patient needs to continue in the law, namely that they not have this privileged communication.

I would like to add one factor to your reporting. Your reporting deals primarily with the statistical studies that are necessary and I would support that but I would like to use that same reporting and statistical studies as a central registry which means that if a child comes into an emergency room in Bergen County and you are worried about him, you can call an office in Trenton and find out whether that same kid has shown up in Union County or in Mercer County the week before that. Because if a parent is concerned about abusing the child, they will not go back to the same hospital more than once - you are going to know that there is something wrong. The only way you can handle that is by having a central registry and you have already set this in motion by having a statistical place where this is available. There have been legal questions raised about revealing confidentiality in doing this but I think that could be handled.

So, I would encourage the use of the central registry as part of this.

I am concerned about the issue of holding parents for thirty days, which is in the bill. The bill states a parent may be, at the judge's discretion, sent to a psychiatric facility for thirty days for evaluation and treatment. My concern is that that is kind of extensive. I would agree with the need for a required evaluation, I'm just not sure that hospitalizing someone for thirty days is appropriate. I question the use of misdemeanor even though I understand the intent because if your law states that you must report a suspected case, how do you ever convict someone of not suspecting a case? That is such a subjective issue, there is a big loophole in terms of the physician just saying, I'm sorry, I didn't suspect it - and you have no way of charging with misdemeanor. Since you can't reinforce it, I wouldn't put anything in that has a negative connotation because what you are kind of saying to the physician, or the social worker, or whoever else, is watch out, be careful, we are going to get you. I am paraphrasing comments I have heard from many physicians in our study in Washington of why they did not report the cases.

I do feel though that the laws are not enough. I feel that the law is the beginning of the problem but unless you look into the other issues that are involved you are not going to get anywhere. For example, you need to set up an educational program and there are several national societies trying to do this. You need to educate the people in the community who will come in contact with this - physicians, nurses, social workers and perhaps teachers, so that they are aware of the problem and they look for it. As I mentioned in the Washington study, three out of five physicians weren't even aware of looking for the problem. This is not a commonly taught thing in medical school. I'm sure it is rarely mentioned in social worker schools, nursing schools, etc., so we need to add on the educational part.

We also need, I think, to listen to the testimony of the former speaker because many supporters of child abuse reporting legislation view the enactment as a means of strengthening the network of child protective services and these services are truly needed and are not necessarily universally available. So existing statutes which are extended or new legislation which require duties of agencies, without a back-up bill allowing for increased appropriations to carry out that, will just overwhelm these agencies that can't handle the problem now. If you go into Newark and ask the average case worker what her case load is and then you tell her that she has to take on this burden, it is just not going to get done. So, I think that if you have the conscience to require the law and push it through the legislature that you need also then to push through the necessary funding to provide for these agencies to handle the problem.

After the report is made something has to happen. It is enough to say a report must be made but a multi-disciplinary network of protection needs to be developed in every community and implemented to the good intent of the law. The necessary back-up resources need to be available - better institutions for children or foster homes for these children - you can't just pass a law saying you must report it unless you can help the people who are going to receive the report to deal with it and provide the resources to place the children after it has been reported.

In conclusion, I strongly support the work of your commission and I think revising the law is essential but I would hope that the commission would also take on as its charge the other duties of increasing the appropriations and helping to build better resources for the children once they are reported.

Thank you.

ASSEMBLYWOMAN FENWICK: Thank you. I think the

record should show that Assemblyman LeFante and Assemblyman Owens have come in.

Are there any questions, Assemblyman Owens?

ASSEMBLYMAN OWENS: I believe your recommendation was one of removal of a child once there is some indication of abuse. What about other children in that same household, do you have any recommendation concerning them?

DR. SILVER: The advantage of the team is that the legal part of the team is looking for protecting the child and what he needs to do and the social worker part of the team, or whoever the representative is, is looking at the home in terms of how safe it is for other children - looking at the other children. Once you have the entree you can do all of this.

But if the initial contact is a uniform police officer knocking on the door issuing a summons, you've lost that family. Not only are they going to hide things from you but then if you refer them on to your mental health people who sit back and say, let me help you with the problem, they are not about to tell you anything for fear that they are going to be prosecuted and the confidentiality isn't going to be there.

I think you have to come in with a positive approach and through this you can see what is going on and you can deal with it. I think the latest statistics show that it is no longer a case of only one child in a family that gets battered, which was the earlier thought. Battering is really a symptom of a family pathology, there is something going on in the family and where it comes out varies from family to family. It might be one child, it might be many children, it might be each child when they hit a certain age, it may be the child that looks most like uncle or father or someone else. But I agree with you, you do have to look at the total issue but you can only do that if you come in with a carrot rather than a stick.

ASSEMBLYWOMAN FENWICK: Questions?

ASSEMBLYMAN LEFANTE: Yes. After the initial visit by this so called social team you are referring to - I imagine you have some experience with this, doctor?

DR. SILVER: My experience is more second-hand but this has been operating in Denver since--

ASSEMBLYMAN LEFANTE: Well, in the Denver area, this is what I am referring to. Once the team has made contact with the family and the child has been treated and some social work begins and the child is returned to a normal life with the family, what is the record of repeating offense? In other words, what I am trying to get at is first-hand information. As a matter of fact, how effective are these teams?

DR. SILVER: Let me answer from my own personal information first. In a study which came out last week in social case work - this was a five year longitudinal study - we took all reported children - we started in '68 - we went back to '63 and went through all the community agency records in the city - it took us about three years to get all of this done - we then could literally take all of these children, there were about 45 or 50 reported, and trace five years of history as to where they were bounced, who buck-passed, who did what with them. We found that those children who were immediately reported to protective service agencies had the smallest instance of recurrence and these protective service agencies were frequently with the children five years later and still working with the family. But those cases that were reported and nothing was done, eventually, within two years, ended up with battering again and had to be referred to protective service agencies. The conclusion we made was one that all cases must be reported, even if you keep in your law that it only goes to the prosecutor, I would tack on then that the prosecutor must - not has the option of - must report all these cases to the equivalent of your protective service agency who must then go out and evaluate it. Because if you don't, you end up having to do it in

retrospect.

The batting average when you work in this model has been more successful than the batting average where you come in with a threat, where you come in removing something. Then, even removing - I'm beginning to ramble now - but even removing doesn't answer your problem. Suppose the batterer is the father, with seven children in the family, and so you decide to put father in jail - you have created a greater social problem in terms of who is going to support that family and the rest of the kids? Suppose the mother is the batterer and you put her in jail; then you have to put in a homemaker or someone to take care of the kids. So you compound the social problem and it makes much more sense, I think, to provide help and work with the family and, if necessary, remove the child until it is safe - but to get in and work with the family.

DR. YOUNG: I think you asked the question I wanted to ask. I am just wondering, on the policeman and social working going in as a team, how has that worked out? Does it go smoothly?

DR. SILVER: My last contact with the team was two years ago, even though I know it is still in operation. The people were still extremely enthusiastic and thought it worked well. The two operated as a team. It wasn't just two; there were groups of people. They operated out of the Juvenile Division of the Police Department, but the people on assignment from the social service agencies were there and part of the team. They really worked very well and developed a style of working together.

DR. YOUNG: They could make the decision which way it went, whether it was referred to a county prosecutor or otherwise?

DR. SILVER: My response when I asked that question was, after you have seen a couple of hundred cases, you are in a better shape to make that judgment than the policeman on

the beat who just gets a summons and walks into the house and they felt their judgment was much better.

ASSEMBLYWOMAN FENWICK: I have just one question - perhaps more than one.

On the matter of removing the child - as I understand it in the Colorado law the policeman has the power, without a court order, to remove that child if in his opinion, and the opinion of the social worker who went with him, for the protection of the child that action is necessary. How long can they keep that child without a court order?

DR. SILVER: I am not positive on this. I think within twenty-four hours they have to submit the papers to - in that case I believe it was the juvenile court.

ASSEMBLYWOMAN FENWICK: No magistrates court, just the juvenile court?

DR. SILVER: I will have to reread on that; I believe that's what it is. But it is within twenty four hours. I don't remember the exact mechanics.

ASSEMBLYWOMAN FENWICK: Well, now in your opinion, should, regardless of whether one arranges for these teams or whatever, all these cases be reported to the prosecutor?

In other words, what is your system to-- Unless we know how many children we are dealing with, we don't know, in any one particular place, whether we need a shelter or foster home or a temporary foster home - we don't know what arrangements to make for children. So, it seems to me the first essential is; one, the definition of abuse or the conditions or surroundings, as the Colorado law says - surroundings that might endanger the child. That is the first thing - to know what we are dealing with. The second thing is - who is responsible for what? If we make one person only the reporting agency, and that person fails to report-whether they have misgauged or were tired that day, or for whatever reason, is it safe to leave it with one person or would it be, in your opinion, wiser, since we have a central registry which we hope will act as the red x system - protective system - to make several

people report to the central agency - both the police and the hospital administration, if it is found in the hospital, and the Bureau of Children's Services?

DR. SILVER: I think there are two issues. One is whom do you report to and the other is what do you do when the report takes place.

ASSEMBLYWOMAN FENWICK: Yes, but I am concerned with to whom you make the report.

DR. SILVER: I think they are interwoven. In terms of whom to report to, I think if you want to cover the entire State, including some very small towns in one area of the State and very large cities, that in reality probably the only agency that could answer a phone twenty four-hours a day, seven days a week, is a legally-based organization, whether it is the local police, or sheriff, or county prosecutor, and whether you want the hierarchy to go from the local jurisdiction to the county prosecutor.

But, let me back up, if the new law states that physicians, social workers, teachers, etc., may report, you begin to build in some check and balances because if the physician doesn't see them, the social worker might, if the social worker doesn't the teacher might. If the teacher reports it and you find out that the child had been to a physician a couple of days earlier for treatment, you have an option to go back and question the physician as to why he didn't report it. So you have many sources coming in that could check and balance each other.

But what I am also saying is who responds once the report comes in and I would rather a team of people in that legal agency go out and respond.

ASSEMBLYWOMAN FENWICK: Yes, I understand. But, for example, the teachers who are not now, under the law, required to report or the school administration which is not now required to report, would you have them report both to the Bureau of Children's Services and to the police department or prosecutors office or whatever? Should there be a network of reporting so that you haven't got a single channel which

might fail but, rather, several channels.

DR. SILVER: If you are going to increase the number reporting you are going to have to make is as simple as possible for the busy man out on the street who has to do the reporting. I would rather he pick up a phone and call one person.

Now, if in your law, you say that that one person has the responsibility of reporting it to three others, that is possible. But I think the busy physician or social worker, or whoever else, will not report if he has to look up the telephone numbers and call four different people. You have enough difficulty getting them to respond as it is. I would make it very simplistic. Any case of child abuse you suspect in this particular town, you call the sheriff. The sheriff then may have to call the county prosecutor in the state office - the district attorney or something, if you want to set that up. But for the man who is in the front line, I would make it only one person.

ASSEMBLYWOMAN FENWICK: Yes, I would agree with that. I was thinking of the agency not--

DR. SILVER: The judgment of the-- If we say that a team goes out, or if we say, yes, it goes to the county prosecutor but one of the things he must do is initiate a request to protective services - not if he deems it - he must do it, then you have already begun to open up various networks, you begin to file for criminal charges if you feel that is appropriate, you can request hospitalization if you feel that is appropriate, you can request a psychiatric evaluation if that is appropriate, you can remove the child if that is appropriate.

ASSEMBLYWOMAN FENWICK: Thank you, Dr. Silver. We will keep in touch. You are going back to Washington? If you have information you believe we could use, will you send it?

DR. SILVER: I will.

ASSEMBLYWOMAN FENWICK: Are there any guidelines that

you have? Over and over again the social agencies in this State have said, if only we had clear guidelines. And so we must hammer out some clear guidelines for each one of these agencies as to what they are to do. I don't mean from a punitive sense but for their own information. We hear it all over the State - clear guidelines.

So, we will be happy to hear from you. Don't think you have finished with us.

DR. SILVER: There are also some national organizations who are groping with this problem in all states and can give you the benefit of the experience from other states, such as - it used to be called Children's Bureau, I don't know whether they have changed the name and relocated. There is also the Association for the Prevention of Cruelty to Children located in Denver.

ASSEMBLYWOMAN FENWICK: We have the comparative studies.

DR. SILVER: The Humane Society, yes. We also have a survey of the laws and the problems involved and the Gill survey, etc.

ASSEMBLYWOMAN FENWICK: Thank you.

Mr. Henry R. Hollender, Chief of the Bureau of Children's Services.

HENRY R. HOLLENDER: I am Henry R. Hollender, Chief of the Bureau of Children's Services.

It gives me a great deal of pleasure to come here and talk with you about this serious problem that is of concern to all citizens. Unfortunately a good many of them do not want to face the fact that some parents do, in fact, batter their children and so don't write of their concerns to this commission. People do have a tendency to protect themselves against facts that they don't want to face. I think in the Commission's work around the State, talking with the various people who are concerned with this problem and in the testimony of the others that have been here, there have been several issues that have been identified that need to be resolved. One of them is, what is child abuse and the problems concerned with coming up with an acceptable definition of child abuse? I think everyone

will agree that where the bones of children are broken by anyone, deliberately, that this is child abuse. Once we get beyond this we have problems.

My own feeling is that the child that is locked in the closet all day long because the parent considers him so bad, the child who is chained to the bed all day because the parent feels he is so bad that this is all he deserves, is just as abused and probably more damaged than the child with the concussion or the child with the broken leg. How do we include this kind of a child within the definition of child abuse? I'm not too sure. All I am sure of is we ought to do it.

Then once we have come up with the kind of definition that will include both the child with the obvious physical harm and the child who is being harmed through emotional abuse, then we ought to require everyone to report these kinds of situations to law enforcement - or whatever legal steps need to be taken - and to the social agency for whatever has to happen in order to: one, protect the child and two, bring about some change in the family, if this is at all possible. So that the parent who is being harsh with the child because they believe, honestly, that this is the best way to raise children that are "good children" that somebody can go in and do something with these parents - give them some intensive education or reeducation so that the family can be reconstructed. If they really believe this is because of what they understand is the best interest of the child, they need to be corrected. If they are doing it, as many do, out of complete frustration with their life situation and their inability to cope with it and the child is the easiest one for them to strike out against, here again the child has to be protected. Something has to happen to change this family's outlook or forever provide some other kind of a family situation for this child. There are going to be some children that come to our attention through this kind of reporting system that should never go back to their

own home. I think we have to accept that.

I think, though, that the reporting has to be to both law enforcement and to the social agency. I am kind of intrigued by Dr. Silver's suggestion of the Denver team where the social agency and the law enforcement go out together because if a real attack is to be made on the problem of child abuse it is going to have to be a joint attack, not just by the social agencies and law enforcement but it also has to include the medical profession because they are so very much involved in this problem. There has to be close channels of communication set up amongst them. The idea of going out together in order to investigate and decide what they can do about the problem seems to me to be a big step in the direction of promoting this kind of communication.

Once the reporting has occurred, once we require people to report, I think we had better be able to deal with the situation promptly because we have created a situation then where the parent who may have done this out of frustration and everything else will now panic and unless we are able to move very quickly we have created a situation that will place the child in greater danger than he was before. Because these families tend to escape from the inevitable by running away and further abusing the child or by taking out their additional frustration again on the child that was there or some other child. So we had better be able to move very quickly. This means somebody has to be available twenty-four hours a day, seven days a week, weekends, holidays, every time, to be able to move quickly.

The Bureau of Children's Services right now does have a telephone number where they can be reached twenty-four hours a day. The only problem is each telephone book has in it, in addition to the office number of the Bureau of Children's Services, an emergency number. The only trouble is, in all but one of our district offices, this is the home telephone number of one of our staff people who has volunteered to do this and who, obviously, can't be tied down twenty-four

hours a day, every day of the week. They also have their own personal life and are not going to be home to answer the phone.

In addition to being able to get somebody to go out and deal with the situation twenty-four hours a day, the person that goes out has to be able to do something. I think the physician who has a child in his office or in the hospital who has, in all probability, been abused, should have the legal right to detain that child until such time as the court has decided whether or not the child should be removed from the parent's control. Some of the dire situations aren't going to be in a medical setting so somebody - and right now I think it should be either the Bureau of Children's Services or some other agency with child protection responsibility - should be able to remove the child. If there were a team - and I like this idea better - the team will decide that there is reason to remove this child and then there must be a court hearing promptly. I don't know whether twenty-four hours is a good time or not because in some situations the courts are inaccessible on Saturday or Sunday. Within twenty-four hours of the time the court is in session, I think is a reasonable time. This will both protect the rights of the parents while it is protecting the child. My primary concern right now is protecting the child when there is reason to believe he needs protection.

Now, the social agency that goes out has to have some place to put this child if he is going to remove him. There aren't sufficient shelter resources around the State now. Where these are going to come from, I don't know now but somebody is going to have to pay for them. I'm not too sure we can develop all of the families that we should develop to provide this kind of shelter care but this is one direction, perhaps, to try and go in because this wouldn't be nearly as expensive as building big institutional shelters. Except, I doubt very much that we are going to find enough families so therefore we are going to have to go into the business of institutional shelters if we are going to protect the children

properly.

Now this requires money. To pass the law in relation to the protection of the children without providing the funds to have somebody available twenty-four hours a day to go out and protect the child - both law enforcement and social agency - and without providing the funds to care for the child on a temporary or long term basis, whichever he needs, is just to create a window dressing that I'm sure none of us wants to do.

ASSEMBLYWOMAN FENWICK: Thank you, very much. Are there any questions?

MR. OWENS: As to the shelter facilities, do you have any projection as to the needs, where they are needed, how many and any projections as to cost based on your experience in the field with the Bureau of Children's Services?

MR. HOLLENDER: I am sure all of the need for shelter care doesn't come to our attention and at this point the one thing that seems to be clear is that every county does need shelter facilities available. The extent of the shelter needs, we really don't have yet. We are, at this point, planning for the construction of the first shelter under the control of the Bureau of Children's Services and this is intended to provide shelter, emergency reception and care for fifty children who would be under the supervision of the Bureau of Children's Services.

ASSEMBLYWOMAN FENWICK: Where?

MR. HOLLENDER: This one will be located in Woodbridge Township.

MR. OWENS: Are you aware of any factfinding going on, any research that we might utilize to make a determination?

MR. HOLLENDER: Well, I know that Essex County - the Council of Social Agencies, Health and Welfare Council - did do some planning in relation to the need for additional health facilities within Essex County and they did do some research in relation to this one county. The same group in Hudson County did do this in relation to the shelter needs in Jersey City. So, there is some information available from these two counties. It is not the extensive kind of

information gathering that we really ought to have in order to properly plan. At this point we don't have research staff available to do research. We wish we did because this is the best way to do planning. But without it you build for what you are sure you need and then see what happens. This is not the right way to do it but it is a way of doing it.

MR. PFALTZ: We have heard the comment from other organizations that at the present level of support the Bureau of Children's Services could not take over a great deal more of work in this area, is this true?

MR. HOLLENDER: Yes. But I think you have to remember something. You know, somebody is assuming that if we are given this responsibility that we won't be able to take on the responsibility in relation to dealing with child abuse. I'm not too sure that this is what would happen. Something else would go, I suspect, rather than not going out on the child who is alleged to be battered or beaten or something like that. I think that most of our staff, hearing this kind of a situation, would fly and the child in the protective service situation, where there is no real indication that the child was in danger, would be set aside and the child who was being processed for adoption would least of all be handled because he can wait for another day but the child that is in danger can't. So, it would put a new priority one - or a bigger priority one-up there and let priority two and three and four move further back.

MR. PFALTZ: One more question. We have heard some people testify in other places that one of the sources of a great deal of child abuse is the foster home in which children are put. Quite often you find that the foster parent will abuse the child. Is this a recurring problem?

MR. HOLLENDER: It is in that it is a problem. When it occurs once, twice, three times, it is a problem. When we learn of a foster parent who has abused a child, and we do occasionally, we do report them to the prosecutors office for attention. Foster parents are not immune from being bad

parents.

ASSEMBLYMAN LE FANTE: Now, MR. Hollender, you mentioned earlier about some of the cases that are reported of the multiple abuse - children such as the ones locked in the closet or chained to the bed, etc. How is the BCS made aware of this condition existing - if at all. I find it hard to believe that it is very easy to find out if my next door neighbor - I mean it is very difficult, pardon me - to find out if my next door neighbor should leave his child locked up in a closet for two hours a day or chained to the bed. How in God's name am I supposed to know this or anyone else let alone the BCS.

MR. HOLLENDER: We don't know it unless somebody else tells us about it or thinks they have some reason to believe it. I can tell you a few instances of how we learned of this kind of situation. Sometimes we learn about it through the newspapers.

People knowing of child abuse occurring don't necessarily know about the Bureau of Children's Service. As Mr. Wells pointed out, we are not the best known agency in the State of New Jersey in spite of the newspaper publicity we have gotten, both positive and negative. We are just not that well known.

The person learning of abuse is likely to go anywhere probably, most likely, go to the police department who often then call us about this kind of a situation and say, someone is hearing screams coming out of the cellar of this person's house. Sometimes they call the newspapers and say to them, there is something wrong going on here, and the newspaper will either report it to us or look into it and then report it to us, if there is any reason to, or they will write a story in which case we would then become aware and also become involved, usually.

Quite often it is some neighbor saying, we know they have a child in there but nobody ever sees the child, something is wrong. One of the most recent ones we have had was a case where somebody was selling a house and the family that was

going through the house saw the child standing bare foot and unattended down in the cellar when they went through the house and they asked what was going on. They were told something about the child being punished. They thought that was kind of unusual to have a small child bare foot and not adequately clothed, standing in the cellar while the rest of the family went on about their business, so they expressed their concern about this to the family who said they were sorry but they were punishing, they said something about being advised to do it this way by some professional organization. Well, they were so concerned that they went and talked to the police who went and found the child in the same place, hours later - so they came to us.

ASSEMBLYMAN LeFANTE: Have there been many cases reported through local school teachers, for example, in judging a child's emotional behavior?

MR. HOLLENDER: Many? No, not many. There have been cases reported to us this way.

ASSEMBLYMAN LeFANTE: It seems to me that this is one area in which it could be picked up.

MR. HOLLENDER: Yes. I think quite often school teachers are concerned about the condition that children come to school in and some of these report them to the Bureau or some other agency for action and some of them don't because they feel this is not their responsibility or their authority. I think if the law says they should, we would get many, many more instances reported.

ASSEMBLYWOMAN FENWICK: If the guidelines were clearer, yes.

ASSEMBLYMAN LeFANTE: One more question. With regard to many of these cases that are reported and that the Bureau investigates, would you say that a great percentage of them also suffer from malnutrition or a lack of medical attention, when needed; is this all a part of the same ball of wax?

MR. HOLLENDER: My own impression is that this varies. Some are neglected completely and some it seems like there are just explosions when the kids are beaten and battered.

In doing a study we may find that there is this kind of a pattern.

ASSEMBLYMAN LeFANTE: When we are talking about guidelines I think we should keep people within certain categories, make a distinction, and I agree with everyone that has testified here this morning, particularly Dr. Silver when he said that we must think positively with regard to the matter. I just thought that anyone that would lock a child in a closet for three hours, in all probability would not even attempt to feed him. I thought that maybe in time when they hit the classroom the teacher might be able to pick this up.

MR. HOLLENDER: Some of these children are fed regularly. They don't make very good use of what they are fed. These children will, quite often, suffer just as much from malnutrition as somebody who isn't fed because of what is happening to them. We see some children who have been fed regularly but are suffering from malnutrition - or this is what the doctors are telling us they are suffering from.

ASSEMBLYMAN LeFANTE: I think basically what we are talking about is the mental attitude of the parents.

MR. HOLLENDER: Right.

ASSEMBLYMAN LeFANTE: And there are no two ways about it.

MR. HOLLENDER: There is something wrong with a big segment. You know, parents do have their problems. They have been battered with all kinds of advice from all over the place and if they are confused about how to deal with their child, this is a natural consequence of what we have been feeding them for quite some time.

DR. YOUNG: Mr. Hollender, you would say, though, that child abuse is more than the confusion of the parents?

MR. HOLLENDER: Yes, usually - much more.

ASSEMBLYWOMAN FENWICK: Mr. Hollender, you heard, perhaps, the suggestion of Mr. Wells concerning the joining together - the integration - of welfare and the Bureau of Children's Services. In other words, you remember, he spoke of the joining together of all of these agencies that are trying to help people into a close network within the county. Do you approve

of that?

MR. HOLLENDER: Yes. I think there ought to be as much coordination as there possibly can be -- it is more efficient.

ASSEMBLYWOMAN FENWICK: I think he thought of it as a joint board, would that seem to you to be a valuable suggestion? It seemed to offer hope because if the welfare people are going into the home for one reason, certainly it would be valuable to have the welfare and the public health nurses-- We found the most interesting thing, which is that the schools, in some places, and indeed the hospitals in some places, identified much more closely with the public health nurse than they do with the Bureau of Children's Services or welfare. It would seem to me that if we could get the hospital social service, the school social service, the Bureau of Children's Services, the welfare - all of them - working on a joint board in a network of protection for the children in that particular place and with particular emphasis on the local aspect of the people in the area, working together, it would help.

Now the second thing I wanted-- You think well of that, do you?

MR. HOLLENDER: Yes. There is an experiment going on right now, under the sponsorship of the Division of Public Welfare, along these lines - going in this direction.

ASSEMBLYMAN PFALTZ: May I just make this comment here. I would dare say there is as much per capita child abuse in Short Hills as there is in Newark. So, to put this under Welfare seems to--

ASSEMBLYWOMAN FENWICK: Not under, just join.

ASSEMBLYMAN PFALTZ: To join them. I mean, I can see they can coordinate, but the problem of child abuse seems to be quite different from the problem of welfare. In other words, from welfare input you could gain a lot of data and assistance in that certain aspects of child abuse occurred where the family was also on welfare but I think that to lump them together, this is the point that child abuse is not necessarily a product of economic deprivation.

MR. HOLLENDER: Yes, but I think here we are using welfare in a broad term, including child welfare - the broad term of child welfare.

ASSEMBLYWOMAN FENWICK: Apart from the cost of shelter - which I would like to ask just one question about later - what cost do you think the Bureau of Children's Services would require in order - God forbid that they would cut down the services that they are now giving - to give greater emphasis in the field of child abuse.

MR. HOLLENDER: One big cost would be the staff cost.

ASSEMBLYWOMAN FENWICK: Yes, I know. What do you estimate that would be?

Now if we are right in thinking that 76 cases were reported in all of 1970-- Of course, I think myself, and I'm sure you will agree, that this is just a tiny fraction of the cases that existed, in fact this commission has already uncovered about eight or ten cases that simply don't appear here at all but the police know about them. I discovered three cases in my own county on Tuesday that simply don't turn up here at all. Now, what staff would be needed to handle this? I mean I suppose it would grow as the number of cases grew but now it stands at a maximum of 100 in 1969 and 76 in 1970.

MR. HOLLENDER: My own guess would - with this expansion of the law - be that in the first year you would get ten times as many. I have no way of knowing whether this is true or not but this is my guess.

Now, in order to properly deal with these kinds of situations, all of the evidence of the agencies that have dealt with this kind of situation indicate that one social worker should be dealing with no more than 15 such situations where there is child abuse involved - serious child abuse involved. If you translate this into the total number of staff needed, it isn't minor, it isn't a minor number of staff because you not only need the case worker but you need the supervisor to supervise them and somebody to provide them with training. In addition to that they will need all of

the equipment, telephones, supplies, a car to go out in, and a place to keep their papers.

In addition to that, we need to have an answering service, so that they can be reached whenever they are needed.

ASSEMBLYWOMAN FENWICK: Right.

MR. HOLLENDER: We need to pay for the answering service and not expect that the worker is going to stay home during all of their off-work hours in order to get the calls.

ASSEMBLYWOMAN FENWICK: Would it be possible, do you think, to have set up in the Bureau of Children's Services a kind of rotation of responsibilities for this within the--

MR. HOLLENDER: Yes. This is what we would do if we had the answering service. The responsibility would be rotated to be available to the--

ASSEMBLYWOMAN FENWICK: The responsibility for those two days, or half days, or whatever.

MR. HOLLENDER: Right.

ASSEMBLYWOMAN FENWICK: Now what is your opinion of shelters for children? If you could choose the optimum place where you think a lost, abandoned, neglected child, or a child whose surroundings seem threatening to his safety - where would you put such a child - temporarily?

MR. HOLLENDER: With a warm couple, in their own home. I think the people, both the staff and the people who are going to provide the temporary care, are the key to the success of any program. I would prefer that the child be as much as possible in the family situation. Now, some kids are not going to be able to take this, or tolerate this, and we need to have the other institutional shelter too.

MR. OWENS: Mr. Hollender, with regard to the case work - first of all, that case load of 15 sounds small to me. It sounds expensive too but that may be the ideal.

What kind of formal training do you feel these people should have and do you see a necessity for any in-service training to supplement the formal training before coming to you?

MR. HOLLENDER: Right now the requirement for our case workers is a Bachelor's Degree, period.

MR. OWENS: Do you feel this is adequate?

MR. HOLLENDER: No. I don't think there is any doubt that this alone is not adequate.

MR. OWENS: What sort of additional training do you feel there should be and what is your course of action?

MR. HOLLENDER: I think getting the Bachelor's Degree, a well intentioned person, and then we should be giving them rather extensive orientation to the field and to the agency before we even send them out on their first case.

Over and above that we should be giving them intensive in-service training in relation to how to deal with these kinds of serious problems. The goal would be to get them a Master's Degree in social work. I don't think this is absolutely required to deal with most of the protective services families that we will be working with. What they need is some really good understanding of what is occurring within the people and a willingness to roll up their sleeves and get in there and get involved with the people that they are assigned to work with.

MR. OWENS: Well, what are we doing at present?

MR. HOLLENDER: What are we doing? What we are doing now is giving them a minimal orientation to the agency and to the work. It consists of coming to Trenton the first two days that they are employed with the agency and coming back for an additional two days some time later - an additional two days - to talk about what the agency is and what its mission is and what are some of the techniques used. Then they are turned over to the district office who then acquaints them with what is available within the district office and what is going to be their responsibility in the case load.

Now the supervisor who is directly responsible for the case worker has the primary responsibility for training and orientation to the case load and helping them decide which direction to go in. So we don't come close, this is what I'm saying.

ASSEMBLYWOMAN FENWICK: Thank you, very much, Mr. Hollender. We will be in touch again, thank you.

I think next on our list is Dr. Bernice Boehm, Professor of Child Welfare, Graduate School of Social Work, Rutgers University.

D R. B E R N I C E B O E H M: I am Dr. Bernice Boehm. I am a professor in the Graduate School of Social Work at Rutgers University where I carry responsibility for the child welfare field of practice.

After listening to the testimony having been given by the other people, I find myself impelled to answer some of it rather than stick to the text that I, myself, have prepared.

I would like to address myself to a combination of neglect and abuse because I find it hard to distinguish one from the other. There is a thin line, indeed, between neglect and abuse and it would be hard to claim, as has been pointed out by Dr. Silver and Mr. Hollender, that severe malnutrition or failure to provide necessary medical care is any less abusive than severe physical punishment. Furthermore the protective services and the legislation that apply to both forms of mistreatment are similar in almost every state in our country.

We have to remember, looking back, that New Jersey was a late-comer in providing protective services of any kind for its children. It was only in 1963, long after the majority of other states had made such provisions, that our State applied responsibility for such services to a State agency, the Bureau of Children's Services. Even this legislation was a faint hearted commitment toward the protection of abused and neglected children, in that it was permissive legislation rather than mandatory, stating that the Bureau may accept and provide such care if the welfare of the child is in danger. In most states the legislation affirms primary responsibility for the child by requiring that protective services be provided when abuse and neglect are found to exist.

There is no question but that good protective services demand the close working relationship between the child welfare services of the State and the law enforcement program of the community. I had some anxiety in looking

through this bill because of the strong concentration on the law enforcement aspects with very little mention of the service component needed by these children. I was glad to see that within child abuse the aspect of neglect was also included. So, perhaps, it is only a matter of terminology. It is an important one, though, because neglect numerically is far more prevalent than abuse when defined in legal terms.

Also, the difficulty with a law that focuses primarily upon abuse means that protection can be involved only when the damage has been severe and, if it depends upon legal findings of neglect or abuse, is often prevented from providing services in the early stage when the family still can be rehabilitated and the home saved for the child.

The cooperation of protective services as a social service and law enforcement must both be carried out with recognition of the basic purpose of protection which is to take action on behalf of the child rather than to determine issues of law enforcement and possible punitive action against the neglectful parent.

I would like to emphasize what Dr. Silver has pointed out and that is the reluctance of people in the community to report situations of neglect and possible abuse when they know that this will bring about immediate law enforcement procedures and court appearances. They are much more likely to report cases when they suspect neglect or abuse if they know that the initial approach to the family will be one of exploration and an offer of help.

Since we are dependent entirely on the community both individual schools, social agencies, ministers, to name only a few, for the discovery and identification of neglect and abuse, it must be made as easy as possible for them to report such cases and they are reluctant to do so when they know that such reporting will bring about immediate law enforcement services.

A good deal of joint action can be carried out by agreement between the two aspects of the service and there is no question but that where there is severe physical abuse the law enforcement

agency must be drawn in with great speed.

What about the situation where there is no intent - deliberate intent? I would like to call to your attention some of the most frequent situations that come up in neglect complaints and that is, children who are left alone at home during the night. The house is locked and children of infancy, one, two, three years of age are left alone, frequently in the care of a mature four year old. There is hardly a day that you don't pick up the paper and you find that there has been a fire and children who are left without protection of the parent have been killed. This happens over and over again. Neighbors who know of this, who hear the children crying night after night, will frequently report this to a children's agency because of concern about the child although they are not yet ready to have the mother brought up before the court.

Frequently the mother does not mean to harm the child, in fact she may be at the corner tavern - this is often true - but she may, just as easily, be at church. It is no less neglectful to go to church and leave your children locked up alone than it is to go to the corner tavern. A fire is no respecter of the religious or lack of religious motive on the part of the parent. Such a parent needs help in working out her responsibilities and the children need protection.

Mr. Hollender has talked about the fact that there is a lack of shelter care and a lack of twenty-four hour consistent service to respond to emergencies. This is true, many of these emergencies arise at night, particularly the kind that I have just been talking about - that result in fire.

This can be handled in many ways. It is not necessary for such services to be manned by social workers who volunteer their time. This is a specific responsibility which should count as hours of work for the social worker. The Red Cross has done this for years. In fact, they have made very creative use of women who are tied to their own homes, who are not able to go out and seek employment but will work on an hourly basis to man telephones, evenings or nights or it can be handled by an answering service. But it should be

handled by someone who carries the direct responsibility for this as a work assignment and is paid for this service. It is indispensable that there be twenty-four hour a day service to which the community can appeal, including the police. This is a very easy thing to provide. If our other troubles could be solved as easily as this, I would be very much pleased.

Now - and I am trying to think of things that have been said, rather than follow this so you will have to forgive an occasional halt - I'd like to talk about Minnesota because Mr. Wells brought this up. I worked in child neglect and in research and staff development for the Bureau of Children's Services there for many years. In Minnesota, as in many states, all complaints of neglect and abuse are channeled initially through the local office of the Public Child Welfare program, which is charged, by law, with the duty of making an immediate investigation to determine whether the child is being neglected or mistreated and to try to help the parents improve the care which their children are receiving.

ASSEMBLYWOMAN FENWICK: What did you say the name was? All cases of child abuse are channeled through what?

DR. BOEHM: Through the local welfare department because they have a welfare department that handles all aspects. By welfare, I use this term broadly. They give service to unmarried mothers, they do child welfare, they do placement, they are involved in public assistance, and any form of assistance and guidance needed in that county. This is particularly important in small counties where there is not likely to be a family counseling agency because these are found primarily only in big cities.

ASSEMBLYWOMAN FENWICK: Then what do they do, what power have they? What do they do, how does it work?

DR. BOEHM: They have the power - not only the power but the obligation - to make an investigation and to make it within a certain length of time and this takes priority because of the danger to the child. When there is immediate danger to the child, the police are empowered to take - as they are

everywhere - to take emergency action by calling this number, by taking the child to a shelter, if no shelter exists, by taking a child to the local hospital, sometimes. But there must be someplace that will accept this child, at least for overnight.

In some states this is done by private agencies, and you all know about the Society for Prevention of Cruelty to Children in Massachusetts, which is one of our oldest agencies. But they are sanctioned by law, this is part of their charter, and they have the responsibility and the sanction of going out on these cases because nobody can intrude - no private agency can intrude in the life of the family nor can a public agency unless the law specifically allows them to do so and directs them to do so.

So, the first approach made to these families is an offer of service. Now, this may require a brief - or sometimes a long period of supervision and service and very frequently needs to be supplemented by special resources, such as medical care, homemaker services, day care, financial assistance, and a multitude of other services that are needed to support family life.

Estimates have been made that no more than one-fourth to one-third of such complaints ultimately require court action to improve the situation on behalf of the child.

Mrs. Fenwick has commented on the fact that no one person can, or should, be charged with the entire responsibility for reporting. When responsibility lies in an agency such as the welfare department or Bureau of Children's Services, it is more than one person and that is a safeguard. There are a number of workers on assignment to intake, there are supervisors who monitor intake, who supervise the services, who go through the list of what has come during the day, there are other administrative posts and ultimately there is the director of the district office and the state office who also has, or should have, some control mechanism to monitor such referrals and see to it that they are picked up on time, that referral is made to the law enforcement agency,

when it seems appropriate or needed, or at all times, if a working arrangement can be carried out between the two groups, so that wherever possible the offer of service precedes the law enforcement action because you have lost the family when you start out by issuing a summons bringing the parent into court. She is not too likely to believe that you really mean to help her.

I realize that even the County Prosecutor's Office does not necessarily mean that there will be punitive action or that there is not a willingness to help. But it is hard to make a parent, it is hard to make a neighbor, it is hard to make the school, believe that this is going to be the course of action and it is much easier to get their cooperation if they get in touch with an agency whose primary purpose it is to offer help and service.

We begin to understand the need for many services and resources that I have mentioned when we look at the characteristics of the families involved in complaints of neglect and abuse. Now, theoretically, love or hate for a child, cruelty or kindness, are not the prerogative of any one group of people and probably can and do exist, in some measure, in all classes of society. It is true that there are some situations referred from families who are affluent, well educated, and possessed of many advantages. These are few in number. But paradoxically when they are referred, they are apt to be among the most serious cases that we have to face and you are more likely to find abuse than neglect in these kinds of cases, accompanied by some severe emotional disturbance on the part of the parent. For the most part, however, the protected cases represent the most socially and economically deprived sectors of our population with a significantly high proportion of broken homes, minority group membership, and low socio-economic status. Many of these families live in areas of high delinquency and inadequate housing. It is interesting to note that the average family size in these families is considerably higher than the average family size in the general community and yet these are the families that have the least

access to family planning services.

It is not difficult to imagine the stress that exists in such families. It is hard to be the mother in a one parent family and to carry the total responsibility for management, guidance, and physical care. It is hard to be the member of a disadvantaged minority group. It is hard to be poor. When these stresses, and many others that could be enumerated, are combined in a single family, the resultant total stress is often overwhelming. It is very interesting to find that the psychological picture presented by most of the mothers in these families is not one of innate violence, cruelty or delinquent behavior but rather one of withdrawn behavior and almost clinical depression. And this has been substantiated in many studies. I recently received this report from the United States Children's Bureau which, unfortunately, no longer has its own identity but it is issued from the United States Department of Health, Education and Welfare. These are child welfare statistics that they publish every year. When you look at the national statistics, there is clear indication that New Jersey has fallen short of meeting its responsibility for providing a comprehensive and adequate program of child welfare services particularly the kinds of services that are needed by families most vulnerable to problems of child neglect and abuse.

Let me quote from some of these statistics. As I have pointed out earlier, the major thrust of protective services is to improve the child care practices given by the family in order to make it unnecessary to remove the child, except in extreme situations. These are primarily services given on behalf of the child while he is still with his family. The highest percentage of child welfare cases throughout the country are found in this group. In New Jersey, however, the major focus of the program seems to have been upon placement of the child away from home and these cases constitute 43% of our total child welfare cases as compared to an average percentage of 32%, nationwide. In contrast, only 38% of our children receive service while they are still in

the home of their parents, as compared to the national average of 44%.

Do we fail to give the early services that will help to keep the family together and wait until the situation is so severe that the child must be removed from his home? The supportive services of day care and homemaker services show an even less favorable picture with small numbers receiving the day care services through state and local public welfare agencies and with only 370 children in 100 families receiving homemaker services under public auspices, either through payment or directly under public auspices, in a single year.

I know that there have been gains in these services during the past year but the provisions still fall far short of the need. I'd like to point out something that has been done recently in Illinois which meets part of the need for shelter. They have been using their homemaker services very creatively and when it is necessary for a policeman and a social worker to enter a home where the mother is not present and the children have been left alone and in obvious danger, a homemaker is frequently brought into the home who will stay with the children until the mother returns, which may be later at night, which may not be until the following morning. It is far cheaper to do this than to provide brick and mortar to build a larger shelter. It is also far less traumatic to the children to have someone coming in there to stay with them than it is to suddenly pick them up, put them in their clothes and yank them out to a strange setting where they don't understand why they are being removed from home and from momma.

However, an adequate program for the treatment of child abuse and neglect can only be provided within the total framework of well financed and adequately staffed program of broad child welfare services and I would like to endorse what Mr. Hollender has said about this. The Bureau of Children's Services, our major state instrument for providing such services, needs strengthening with appropriate resources staffing and delegation of responsibility. Furthermore, it must

be prepared to accept the major role as the advocate for children in this state. If you recall the recent White House conference, one of the most important recommendations that came out was that there must be a vigorous advocacy on behalf of children throughout the country - on the state basis, on the community basis, on the local basis, and among individual citizens. This also applies to the parent organization of the Bureau of Children's Services, the Division of Public Welfare and the Department of Institutions and Agencies. The advocacy role can best be performed by the agency who has the commitment, the responsibility and the accountability for the child welfare services in our state. It demands a vigorous program of public education and the courage to publicize the unmet needs of children. It is regrettable that the opportunities to publicize such materials as the White House Conference Report and the earlier Blum Report were not utilized. The Blum Report in particular was drawn up by a prominent group of public spirited citizens and drew upon the contributions of many interested lay and professional groups. Despite a disagreement with some of its findings and recommendations, this report might have served as a rallying point for gaining community support for a much needed expansion and improvement of services for children. Indeed, it has made scarcely a ripple in the community and it is virtually unknown. Children in the United States and in New Jersey need vocal advocates and it is incumbent upon the agencies who best know their problems to carry on this advocacy function.

ASSEMBLYWOMAN FENWICK: Thank you, very much.

Are there any questions? It seems you have answered all of our questions.

It was very kind of you. If you could furnish us with your-- the best description you know of neglect and abuse, we would be very grateful.

DR. BOEHM: I will be very glad to do so. It may not provide the specific guidelines, because there is no specific prescription and this, I know, is a disadvantage but it also is,

at the same time, an advantage. A law must have some flexibility in it.

ASSEMBLYWOMAN FENWICK: In Colorado, for example, a police officer can pick up a child - abandoned, lost or whose surroundings suggest danger to himself or others. Now that seems to me a rather good, broad cause.

DR. BOEHM: Yes, and expressed, is important.

ASSEMBLYWOMAN FENWICK: I wondered if you have anything that, when you think it over or consult your records, you think would be better than that or in the field of abuse - because the phrase surroundings which might endanger himself or others is a very good catch-all phrase and you might have something equally as significant, or better, in the field either of neglect or abuse.

DR. BOEHM: I will look through the material and there is a recent publication of the American Humane Society which also provides, and I have that, which provides an analysis of the law - of the various state laws - as of last year. So, there are materials, but none of them will be so definite as to cover every possible contingency.

ASSEMBLYWOMAN FENWICK: I know. There isn't anything that is perfect. Thank you very much, Dr. Boehm, it was very good of you to come.

DR. BOEHM: I wouldn't have missed it.

ASSEMBLYWOMAN FENWICK: We are very fortunate this morning in having Lieutenant Lee who has come down from Hudson County where he is a member of the prosecutor's staff. He is not listed but I am sure that all of us will be happy to hear from him.

I can't remember your first name, for the record, Lieutenant Lee, is it John?

L I E U T E N A N T R O B E R T E. L E E : It is Robert.

ASSEMBLYWOMAN FENWICK: Robert. Lieutenant Robert E. Lee, of the prosecutor's office in Hudson County.

LIEUTENANT LEE: At the risk of being, perhaps, a minority of one, I have to start by saying that as one who deals with these problems from the ground level - from the law enforcement

level - I find myself having to report to the Bureau of Children's Services. I think that our present laws are pretty good. I think that they need strengthening in several areas.

The initial area that they need strengthening in is immunity. I think that immunity has to include persons other than physicians and hospitals or hospital administrators. I think it has to be extended to persons who don't mind reporting in good faith. Secondly, I think we need a bit of strengthening in our juvenile courts, with the judges. I think this is where we have a tremendous problem, more especially when you are dealing with an emergency situation whereby a child has to be removed from the home or it is necessary to secure an interlocutory order at 5:00 in the morning or 2:00 in the morning or on a Saturday night or on a Sunday when there aren't any offices open for assistance. I think that there has to be some method whereby these judges may be reached and on the strength of the information supplied to them by an investigator, or the Bureau of Children's Services, they verbally permit a child to be removed from a home or taken to a hospital so that this child may receive proper medical attention or whatever attention is necessary.

I have briefly examined Senate bill #747. I have run into problems in hospitals whereby a parent may come in and tell the police or the hospital administrator that she would like to remove her child. But number 14 might bridge that gap, in Senate 747, because that has become a problem to many police officers. Senate 747 does not include the mandatory reporting by the prosecutor - I think the prosecutor has to mandatorily report. I think he has to oversee the investigations that are made by the Bureau of Children's Services and by the local police departments and he, in turn, must report. I don't think we can get around that in any way, shape or form. There has to be someone that has that responsibility.

Senate bill 747 also has a section that deals with the social security number. My question on that is, is the social security number necessary for the purposes of a central

registry or just to get a social security number? I can't really understand why it is necessary.

I suggested some time ago, I think to yourself, Mrs. Fenwick, that one of the big problems that I have run into within the investigation of child abuse is - from the criminal aspect I have little difficulty - with the social aspect. I did run into a problem when I found it necessary to send a social worker from the Bureau of Children's Services to some areas of town where they might run into a little physical difficulty. I think there should be more male investigators in the Bureau of Children's Services. Better than that, I would much rather see one or two investigators temporarily assigned from the county prosecutor's office to each Bureau of Children's Services office to handle child abuse, abandonment, child neglect or cruelty, much the same as the Department of Welfare has. If they found that abuse, abandonment or neglect did exist, they, in turn, could prepare the file and forward it to the prosecutor for Grand Jury action, if necessary.

This way many people who would like to report would know where to report. They would report to the Child Service Agency, the Bureau of Children's Services that is designed for that particular purpose.

The law enforcement must be left in, in my opinion. I don't feel that we could take that out. Maybe it is an ax to hold over someones head but I think you always have to have that to assure that the parent is going to go through with what ever rehabilitation efforts are being made by the social agency. But it doesn't have to be put into force, it can be held in abeyance and at the proper time, with the county prosecutor's o.k., the charges can be dismissed - it has been done.

I feel that investigators temporarily assigned, or permanently assigned, who still have the power of arrest, but yet are oriented toward a social investigation, can and should be utilized to their fullest extent. A social worker cannot criminally investigate and a criminal investigator cannot socially investigate but one would complement the other and

they would - the other agencies - certainly be able to report to the proper people on any of these cases of abuse.

One of the speakers who preceded me mentioned the fact that usually statistics show that many children are abused if they come from low income families. Statistics show what you want them to show. I know one particular hospital in a county that I worked in that never once informed me of a child abuse. This one hospital does a tremendous business but it is upper middle and upper income brackets and they can go to their private physician. The private physicians don't report it. Joe Blow, who has no private physician, he is caught in a web and he goes to the emergency room and immediately a report is made of it. So, I don't think that statistics are really valid, not in my opinion they aren't.

In dealing with child abuse, I would say that if we had the present laws as they are, with immunity and with more cooperation from the juvenile court, I'd venture to say that we wouldn't need anything else. I think that the law has not been properly applied. There are many people who are dealing with it and are unaware of what they can and should do. The Bureau of Children's Services has their function, the police department has their function and the county prosecutor has his function and the judge of the juvenile court has his function. Once you put them all together I don't think there is a child abuse case you couldn't handle within a reasonable length of time. I might end by saying that, by dealing with them, we can talk about atrocities but all we have to do is bear witness to them. I have borne witness to a number of them and I say that we now have to accept the fact that child abuse is real and we have to do something about it. I certainly hope that we will.

ASSEMBLYWOMAN FENWICK: I am longing to ask you questions. Can I be rude and start?

LIEUTENANT LEE: Go right ahead.

ASSEMBLYWOMAN FENWICK: I always ask others first.

Under the present law, Lieutenant Lee, I am confused - I understood that at present the police officer, whether accompanying a Bureau of Children's Services worker or alone, did not have the power to step right in and take away a child if he believes that child to be in danger of abuse. Am I wrong in that? Have you the power now to walk into a house and take away a child without a court order of any kind?

LIEUTENANT LEE: I have the power to protect life and to protect property as a law enforcement officer. If it becomes necessary for me to physically stand there until I get a court order, I could physically stand there until I got that. I could get an affidavit and remove that child by presenting it to the judge and he give me the order.

ASSEMBLYWOMAN FENWICK: But you haven't the power to pick it right up and carry it out?

LIEUTENANT LEE: I don't think so.

ASSEMBLYWOMAN FENWICK: I understood that you didn't either but that was my understanding of the law, is that right?

LIEUTENANT LEE: Yes.

ASSEMBLYMAN OWENS: The judge of what court?

LIEUTENANT LEE: The juvenile court.

ASSEMBLYMAN OWENS: What generally is the problem that you have with the courts; what is the area of the problem?

LIEUTENANT LEE: After 4:00 P.M. it is pretty difficult to reach a judge or on weekends it is pretty difficult.

I think one of the gentlemen who preceded me mentioned BCS being on 24 hour call. Well, if we had some system whereby we might reach a judge at 3:00 Saturday morning--

ASSEMBLYMAN OWENS: I would suggest that that might be handled administratively through the court system, through the Chief Justice's office or the administrator of the court. For example, during recesses - court recesses - they publish a schedule for attorneys for the purpose of reaching a judge in various areas when urgent matters come up. I don't see any reason why this should be a continuing problem when it could be easily resolved.

LIEUTENANT LEE: I would venture to say that every county prosecutor's office has the same problem.

ASSEMBLYMAN OWENS: Is this a basic problem, accessibility or lack of accessibility after 3:00 o'clock recess?

LIEUTENANT LEE: Yes, it is a problem.

ASSEMBLYMAN LeFANTE: Lieutenant, I know you are very well experienced in this field and it was interesting to note that you are suggesting additional staff, investigative personnel through the Bureau, but you mention that it should be male.

LIEUTENANT LEE: Yes.

ASSEMBLYMAN LeFANTE: Could you elaborate on that a little bit?

LIEUTENANT LEE: Yes. In my experience with two BCS's in Union and Hudson County the majority of social workers that I have seen are all females. There are males but usually they are in a supervisory capacity and when you take a mini-skirted social worker in some areas of town that I have to go into, I don't think they are going to do too much investigating. I think this is a problem. I have gone out in the field with female investigators because they were afraid and the Elizabeth police that I work with have gone out in the field with them because they were afraid. I think that a male investigator is very necessary.

ASSEMBLYWOMAN FENWICK: What would you think of - following along the lines of laws in some states - that if the police had the power to take a child for twenty-four hours in an emergency situation, do you think that would apt to be abused, Lieutenant Lee?

LIEUTENANT LEE: I think it would. I really think it would because you could run into a personal situation. If a police officer doesn't like the guy that lives next door and he wants to deprive him of his child - I'm just using that as an example.

ASSEMBLYWOMAN FENWICK: Yes.

LIEUTENANT LEE: This could happen. Or if he has had an altercation with some guy down the street - it could happen,

I wouldn't want to see that left to the police.

ASSEMBLYWOMAN FENWICK: Well, suppose that we did work out and devise the team system that was suggested here this morning of the Bureau of Children's Services and the police officer, and then if they both agree, giving them the power jointly to do it. In other workds, not just one person's decision but the Bureau of Children's Services social worker and the police together could decide that this was such an emergency situation that they couldn't reach the judge or wait to get in touch with him.

LIEUTENANT LEE: Yes, because that is what we do now. We do that already.

ASSEMBLYWOMAN FENWICK: You do it now? I thought you said that you didn't have the power?

LIEUTENANT LEE: Oh, excuse me. Not to remove the child but the Bureau of Children's Services and the police department jointly arrive at the scene of any emergency situation that I've ever handled and they report back to me and I report to my first assistant prosecutor and he to the judge that this child should be removed.

ASSEMBLYWOMAN FENWICK: Yes, but I'm suggesting an immediate removal without-- In case the judge is, as you say -it is after half past four.

LIEUTENANT LEE: I think the two of them together could do it. I think that if you have a social and a criminal person, you may not run into a personal situation.

ASSEMBLYWOMAN FENWICK: Yes, exactly.

Now, do you think it would be a good thing if-- now, as I understand it, the law restricts the power to issue the order for picking up the child to county judges. Do you think it would be wise to put that in the hands of magistrates, of all judges, and include them among those who are empowered to give such interlocutory orders or temporary decrees?

LIEUTENANT LEE: It might be good because of accessibility.

ASSEMBLYWOMAN FENWICK: Of magistrates?

LIEUTENANT LEE: Magistrates are usually a lot easier to get in touch with because they usually reside right in

the municipality.

ASSEMBLYWOMAN FENWICK: And you would suggest, perhaps, even allowing them to do it verbally in an emergency?

LIEUTENANT LEE: Yes, I think that is the only way you could do it is verbally until BCS gets there the following morning with the interlocutory.

ASSEMBLYWOMAN FENWICK: Are there any further questions anybody would like to ask Lieutenant Lee?

Thank you very much for coming, Lieutenant Lee.

Mrs. Orr is here from the Junior League, I believe, who has done a good deal of work in this field. They have had hearings - I was ill and couldn't go, it was just the one time that I had flu and missed it. Everybody said it was excellent and we are very fortunate, indeed, and grateful to you for coming, Mrs. Orr. Would you tell your full name please?

M R S. M I C H A E L O R R: I am Mrs. Michael Orr of Montclair and the State Public Affairs Committee Chairman for the Junior League in New Jersey. Our committee was reactivated last spring to study the problems of the State's abandoned, abused and neglected children. We have conducted interviews with a wide cross section of persons interested in improving child welfare, including personnel at BCS, private agencies, county welfare boards, school districts, hospitals and law enforcement.

I am speaking today for Mrs. Frank Gump, Chairman of our Child Abuse Task Force, who is unable to be here. This task force, after extensive research has come to the following conclusions on some aspects of child abuse legislation.

1. There is a need in the law for a broad based reporting clause granting immunity to all persons who report in good faith.
2. The definition of "child abuse" as it is reported in New Jersey Statute should be updated so as to be applicable to present day standards. Now, I say that because for one thing the New Jersey statute right now includes, for one

thing, child abuse as being the habitual use by the parent or person having the custody and control of the child, in the hearing of such child, of profane, indecent or obscene language - and it goes on to point out more general things.

Mrs. Fenwick, today you have been asking a lot of people about a definition of child abuse. I have some excerpts today here from a book, Child Abuse Legislation in the 1970's, which has been published by the American Humane Association. You have that? Well, we were going to say that of these recommendations the Rhode Island Law seemed to us to be very good because it was general enough to include reporting of both physical and emotional; when the law experts agree on a definition of emotional abuse, it can be included for legal purposes.

3. There should be a procedure for holding a suspected child abuse case under the care of a hospital or social agency until the investigation is completed and a court hearing can determine the proper disposition of the case.

Awareness of the child abuse problem is illustrated in Senator McDermott's bill S-747 which has passed the Senate and currently is in the Assembly's Committee on Institutions and Welfare. However, there are some questions concerning this bill which we would like to bring to this hearing: First, the phrase "serious injury" is used several times without being defined. Unless a definition is included in the bill this phrase could be subject to many different interpretations. Second, we believe that it is unwise to require a doctor who reports a case of child abuse to submit color pictures because such a requirement may discourage him from reporting. A task such as picture taking would seem to be better left to the law enforcement sector. Third, while we agree that it is desirable to list a category of professionals responsible for reporting child abuse, we believe the reporting law should be broadened to give immunity to any person who reports in good faith, thus insuring the widest possible participation of the lay public who may have contact with the abused child.

I'd like also to comment on several aspects of the testimony I heard here this morning. Several people have mentioned the great need for twenty-four hour answering service for the Bureau of Children's Services. Mr. Owens also asked about further training. We strongly support as a committee both of these things and for this reason I, and another member of my committee, appeared before the Joint Appropriations Committee last week to ask for reinstatement of a telephone answering service which was deleted from the budget and also for two regional training centers which were also deleted from the budget.

Now, the statistics submitted by BCS through I&A and sent to the Joint Appropriations Committee - it never got to the Joint Appropriations Committee, excuse me, the Governor cut this part of the budget - show it would only cost \$5 thousand to institute telephone answering service for the eighteen district offices. We think this is a very small price to pay in order to take a great step forward in child abuse reporting in New Jersey.

Secondly, as Mr. Hollender and Mr. Lee pointed out, much of the staff of BCS is quite young and untrained. These two regional training centers would have provided extensive in-service training - Mr. Hollender can back this up - with good supervisory staff. The total cost of hiring these people would be about \$200 thousand of which three-quarters is reimbursable by the Federal Government. We know that the BCS budget, as Senator Schiaffo pointed out to us, has gone up \$3 million this year, and that is great, but unless training and some of these other services are provided, we are afraid the money will be wasted. I hadn't planned to comment on that today but since there was so much talk about telephone answering service and training, I thought I would interject this in my talk.

ASSEMBLYWOMAN FENWICK: Very good point.

MRS. ORR: Finally, we want to tell you that we are most eager that new legislation for child protection be passed and we congratulate you for holding these hearings.

ASSEMBLYWOMAN FENWICK: Well, I think we all congratulate you and thank you for a very good report and I might say an extraordinarily comprehensive one because it is also so brief.

Where do you get the figure \$200 thousand cost?

MRS. ORR: Well, that was the cost that was submitted by the Department of I&A and the figures were the ones that Mr. Hollender had estimated for the personnel that were going to staff his two training centers.

ASSEMBLYWOMAN FENWICK: That would be both centers?

MRS. ORR: That would be both centers. That would be the cost and unfortunately I didn't expect to testify on the budget today so--

MR. HOLLENDER: It is not just the personnel, it is the personnel and all the support that is needed for the personnel, the total package to operate the two.

ASSEMBLYWOMAN FENWICK: I see. How many people could they train?

MR. HOLLENDER: All of the staff of the Bureau which roughly would cover about 1,000 people.

ASSEMBLYWOMAN FENWICK: Well, is the \$200 thousand the whole cost to the State?

MR. HOLLENDER: No.

ASSEMBLYWOMAN FENWICK: That is the total cost of which three-quarters would be reimbursable?

MR. HOLLENDER: It is reimbursable by the Federal Government.

DR. YOUNG: Three-quarters of the \$200 thousand?

MR. HOLLENDER: That's right. So, the State would have to come up with roughly \$50,000 of new money.

ASSEMBLYWOMAN FENWICK: And that would cover all the training that you had asked for?

MR. HOLLENDER: Yes.

ASSEMBLYWOMAN FENWICK: Would you mind if I just asked Mr. Hollender something?

Do you divide your case workers--for example, when you say that fifteen cases of child abuse, or very urgent cases, are the most that one person can cover - do you divide your cases

into categories so that, for example, a child in a foster home that seems very solid and good is, let's say, 3A and a child - you know what I mean. Have you categorized?

MR. HOLLENDER: Yes, for budgeting purposes, yes we do classify.

ASSEMBLYWOMAN FENWICK: No, I mean for operating purposes, is this a practical matter?

MR. HOLLENDER: For the assignment of staff. In the two district offices we do the same thing but some district offices have one case worker handling children in foster homes. In addition, they have the same case worker handling protective service situations.

ASSEMBLYWOMAN FENWICK: Yes, but I am not asking what any specific worker does; I am asking if you classify your cases into various degrees of difficulty, requiring more intensive or less intensive care? You do.

I wonder if we could have a break-down on that some time.

ASSEMBLYMAN LeFANTE: Mrs. Orr, with regard to that \$5,000 that you were talking about for answering service, telephone answering service.

MRS. ORR: Yes.

ASSEMBLYMAN LeFANTE: Did you say it was eliminated or dropped from the budget?

MRS. ORR: Yes. The budget was cut. I&A requested \$145 thousand and the budget - I don't have the statistics but my memory is that it was \$115 thousand allocated and since BCS spent \$138 thousand on telephones last year, obviously they can't put in a \$5 thousand answering service.

Now, the thing is that when our investigation - and we have been interviewing - was made, one of the most frequent complaints about BCS offices were that you can never get through on the telephone and obviously what they need is more telephone service, not less. It seems to our committee - and as I say, we have talked to a wide number of people in and out of BCS and in and out of social agencies - that this is a very small amount of money, really, to get something very worthwhile.

If the telephone amount requested were reinstated, not only could they have an answering service, they could maybe beef up the telephone service in some places like Jersey City and Newark where it is desperately needed.

ASSEMBLYWOMAN FENWICK: You can't get a line in Newark that isn't busy.

MRS. ORR: Well, I know.

ASSEMBLYWOMAN FENWICK: But of course the \$5 thousand would not cover entirely the cost of the answering service, it only covers that answering service. I mean, the BCS person would have to be on deck to respond to the call from the answering service and this would be an additional expense.

MRS. ORR: But at this moment they have it organized on a volunteer basis. So, at least it is a step forward, having a telephone answering service and it would be two steps forward if they also paid for the--

ASSEMBLYWOMAN FENWICK: Or if they rotated them.

MRS. ORR: If they would rotate them. But the fact is that if there were one number - if you could get one answering service - I think that would be a great step forward.

ASSEMBLYWOMAN FENWICK: Thank you so much, Mrs. Orr.

Mrs. Grey is here. Would you tell your name, Mrs. Grey?

M R S. A L L E N G R E Y: I am Mrs. Allen Grey from the Council on Adoptable Children, Westfield, New Jersey.

The Council on Adoptable Children is a concerned citizens group, one that is interested in all the children who are waiting for permanent homes, for whatever the reason. We are one and one-half years old and we originally formed because of our concern with unplaced adoptable children. Within a matter of weeks of asking questions we realized that the entire field of child welfare in New Jersey was something less than ideal.

There seems to be a time honored philosophy in this State to do the least amount possible for our children. We are most concerned that our child abuse laws be strengthened to give maximum protection for the vulnerable child. We

want to see facilities in our State such that the cardinal principle of social work can be followed, strengthen and preserve the family unit, wherever possible.

At the present time we are in a very strange situation as members of our group. We are urging stronger laws, more protection, and yet, the very most basic ingredient is missing the one thing that will make all of the laws work however good, strong, etc. - required care for all children needing care, as was pointed out earlier today.

We find in our daily talking - because we have gone far beyond the point of just adoption - people who have given up trying to get any kind of meaningful service from our Bureau of Children's Services. We have allowed our Bureau of Children's Services to become a finger in the dike situation. In spite of repeated denials, double talk, and a great aura of secrecy, children are falling in the cracks of decision-making and bureaucracy. It is in our opinion an immoral act to deny a child care while you are doing investigation as to the worthiness of his case - an investigation whose outcome may be measured by budgetary considerations. We feel that the life of a child can be saved if preventive steps are taken early in life. But if we offer no facilities to the young child in need, then how can we look shocked when our prison population is growing at an alarmingly high rate? Is it not cheaper to provide a crib and family for an unwanted baby than to tell his mother, no, we have no room for this child, take him home with you and we will call you when there is room? The child that did not ask to be born may never know love or the compassion of society until one day society locks up this troubled little soul who rebels.

We are very puzzled at many situations we have found within the Department of Institutions and Agencies. We have heard many officials say that for several years they are underfunded and understaffed and yet, whenever and wherever volunteers try to offer their services they are not contacted. They are rebuffed, refused, etc.

Some of the offers of volunteer help are simple - clerical, driving, etc. Some of them are more sophisticated, such as medical help, free legal help, and never are these offers used. When our group inquired as to what the budget request for the Department of Institutions and Agencies was for this coming year, we were told by the Director of the Budget that this was confidential information and we could not see it. When we asked to be notified of public budget hearings there was never a notice sent. We asked why is the information about a public agency's financial matters confidential.

We have several proposals to make and I will try to be very brief at this point. In the area of adoption we have already made several recommendations, two of which were introduced into the Assembly this week.

1. We must become a child caring state. A child must be assumed eligible for services, given those services when in need and then simultaneously investigated as to continuing need. We must change all the words "may" to "shall" in caring for children.

2. We are proposing a complete revision of statutes 9 and 30 in the laws dealing with the care of children. There are many direct contradictions in them. To be specific, in the establishment of children's shelters, in one place it says the State shall, and then in another it says, the county may. Meanwhile, no one does and the children are falling into the cracks.

3. We need, as has been said before today, one roof service centers where the unknowledgeable person can go and not have to run from place to place with futility.

4. We must stress early prevention and services, such as day care, health plans, counselling, drug rehabilitation centers, and not pour more and more money into locking up the failures of a neglectful society in prisons.

5. We must make maximum and imaginative use of all Federal money and initiate and develop model programs. We know the money is there if the imagination is there to take advantage of it.

6. A computer system, currently being developed, will do much to keep records and, more important, will help to keep track of repeated offenders in the child abuse area. This has been offered and has been hanging for about a year and we are glad that the Bureau of Children's Services is finally taking advantage of this free offer.

ASSEMBLYWOMAN FENWICK: A free offer?

MRS. GREY: Yes.

We can understand your particular concern with child abuse at the present time. We are deeply distressed about the high incidence of child abuse, both reported and unreported. We, I myself specifically and other members of our group, have received many calls and visits from persons who tried to call our Bureau of Children's Services on a Friday to report a case of child abuse and couldn't get any help until Monday. These are specific people, one of whom I told you about on the phone personally. We get these calls at least weekly. The person on the street doesn't know about the county prosecutor or the police department; they might be afraid of the police, and when they call the Bureau of Children's Services and they get no help, they don't know where to go and so they give up. The man on the street may not and usually does not know what various reporting avenues are open to him and so in case after case, when he is met with bureaucracy or indifference, he gives up and the child suffers.

We are for the most powerful child abuse laws possible and the most humane as well. However, the law is only as good as the system that uses it or is responsible to it. If there is no one to administer it to all persons requiring it, then we should not be here today discussing this. Without mandatory child care and the changing of the "mays" to "shall" no law will be enough.

If I may further comment, we are deeply disturbed that if more money is not forthcoming for the maintenance of these services that the adopted child, the potentially adoptable child who could be freed from public care, for the thousands of people who want him, will indeed be the one that will suffer

because he has a roof over his head. Thank you.

ASSEMBLYWOMAN FENWICK: Thank you. Are there any questions?

We will now break for lunch.

(Recess for Lunch)

Afternoon Session

ASSEMBLYWOMAN FENWICK: We will reconvene the hearing.

Our first witness this afternoon is Mr. Olsen. Would you kindly give your full name for the record.

A L B E R T J. O L S E N: My name is Albert J. Olsen. I live at Griggstown, which is in Franklin Township in Somerset County.

I brought a resume with me if you want me to leave it with you.

ASSEMBLYWOMAN FENWICK: No, we know you are the Director of the survey that was made in 17 states. Isn't that right, Mr. Olsen?

MR. OLSEN: Not the director of the survey. I was a Regional Director of the Brandeis Study on Child Abuse, conducted by Dr. David Gil. He was the Project Director.

ASSEMBLYWOMAN FENWICK: Would you like to give us a statement or would you rather answer questions?

MR. OLSEN: Well, I suppose I would like to make a statement and I would certainly like to answer your questions.

ASSEMBLYWOMAN FENWICK: Both - good.

MR. OLSEN: Mr. DeGraw gave me a series of questions to answer and I told him before we began that I really didn't see any sense in answering the questions because the answers to the questions are in Dr. Gil's book and I suppose you all read the book. I have a copy of it with me.

ASSEMBLYWOMAN FENWICK: I have seen it. I am trying to get it from the library.

MR. OLSEN: What I would like to talk to is the existing law in the State on child abuse, which I felt in my opinion to be completely ineffectual.

ASSEMBLYWOMAN FENWICK: Our law?

MR. OLSEN: Yes. I worked along with it during the three-year period and I had a rather close association with the operation of this law because BCS was charged with the

responsibility for accumulating the child abuse reports in the State into a central register and reporting these to Brandeis University. So I was then closely tied in with the BCS research and statistics unit from July 1, 1966 to technically June 30th, 1969, which was the period of the study with which I was associated.

ASSEMBLYWOMAN FENWICK: What month in '69?

MR. OLSEN: June 30th, 1969. Actually I think my last visit with the State was May, 1969.

My assignment was in each of my states -- I had a region. I had one-third of the United States in my responsibility as Regional Director. I had 16 states, Washington, D. C., Porto Rico and the Virgin Islands, and the states ran from New York to Florida, west to Louisiana and Arkansas and back up through New York, omitting West Virginia. I then learned a great deal about the operations in each state, each of their laws, the services or I should say the lack of services in many of the states, the positives and the negatives in each of these states. And I might add that I was really disappointed in the execution, or I should say the reporting and servicing of children abused in the State of New Jersey, according to this law and to the procedures set up in this State. It is to that that I would like to speak rather than, as I said before ---

ASSEMBLYWOMAN FENWICK: Please do.

MR. OLSEN: I wrote a report to Dr. Gil about each of my states and, of course, I have one here on New Jersey. I don't know whether you think it is going to be too long to read it. It is about five or six pages. Do you think that would be too long?

ASSEMBLYWOMAN FENWICK: Well, if you would rather summarize it, I am sure that would be very helpful and perhaps, if you would leave it with us, we would like to study it and have it in the record if that is agreeable to you.

MR. OLSEN: This is my only copy.

ASSEMBLYWOMAN FENWICK: We can Xerox it right across

the hall.

MR. OLSEN: Unfortunately I don't have a copy of the forms that involved child abuse reporting in this State. I guess I threw everything out. I just couldn't keep all the material for 16 states, Porto Rico and the Virgin Islands.

ASSEMBLYWOMAN FENWICK: Right.

MR. OLSEN: Shortly after I completed my work, I threw everything out I guess. So my recollection of the reporting, that is, the forms used, is a little bit hazy at this point.

However, the law provides that a physician shall report to the County Prosecutor of the county where the child resides and upon receipt of the report, the County Prosecutor causes the matter to be investigated. As the results of his investigation may warrant, he proceeds in the manner prescribed by the laws relative to prosecution or files a complaint with the BCS or with any other agency, public or private, authorized to perform protective services.

This "or file a complaint with BCS" always bothered me. I consulted with Claire Welsh --

ASSEMBLYWOMAN FENWICK: Yes, the attorney.

MR. OLSEN: I can give you a date on that because I have records. February 20, 1969, I visited Claire Welsh regarding the interpretation of the "or" phrase and she said her opinion is that when a County Prosecutor's investigation does not produce evidence for a criminal prosecution, he would then refer it to BCS as an official complaint. I have another additional comment. "Evidently Miss Welsh has some question about the law herself."

This "or" phrase bothered me a great deal because really it is the greatest inhibiting factor in serving an abused child. It leaves up to the County Prosecutor a decision whether or not a child should be referred for protective services and there was a great deal of misunderstanding around this point.

Another thing, in connection with reporting, medical

people only are required to report in New Jersey, which is greatly restrictive. But medical people report and must do so in quadruplicate, no, less, which increases the burden. Then a doctor has to distribute these reports to several people, I believe. The County Prosecutor receives the report. He, himself, does not make the investigation but assigns it to a local police department to do the investigating for him and to report back to him.

This process could occupy any number of days, depending upon the efficiency and the character of a local police department. The report finally would return to the County Prosecutor. He would then return the report, according to the procedure, to the BCS research and statistics unit.

It is problematical whether or not the County Prosecutor is going to personally, or his office, refer a case to BCS for service. It is also problematical whether a local police department would do this. There seems to be some area of confusion as to whose responsibility it is.

Another thing, is when a County Prosecutor returns the results of his investigation to, let's call it the RSU, the research and statistics unit, he assumes that somehow the BCS will pick this up and act on it as a referral for service. Here is a great area of confusion and I always felt that the child was the one who suffered in this situation.

I also wanted to find out how it was working out in local counties. So I visited Essex County, Somerset County, Mercer County, Middlesex County, and made some inquiries as to how they handled their child abuse reports in terms of getting the child services. They varied in each of the counties. And I think this is also typical of this situation where you have County Prosecutors handling it. Because in 21 counties, you will have 21 different ways of doing things and each one of them has their own personality, let's say, and their own ways of seeing things and interpreting things, particularly in terms of social services to a child.

In Essex County I spoke to a Captain Duggi, who

impressed me as being a very efficient police officer.

ASSEMBLYWOMAN FENWICK: In what county?

MR. OLSEN: Essex. I visited Captain Duggi at his office in Newark. As I said, he impressed me favorably. He said that he automatically with every complaint he received on child abuse, in addition to investigating it, referred it to the local district office of BCS.

When I visited Middlesex County, I found -- Well, if you want it for the record, I can tell you when I visited Captain Duggi. It was on November 26, 1968. On January 16, 1969, I visited Lieutenant Keyes of the Middlesex County Prosecutor's Office. He was specifically assigned to child abuse cases and he said he found the assignment very frustrating as he is rarely able to get evidence enough to bring a perpetrator into court. He said he has a working relationship with the BCS District Office in New Brunswick, but he has not been filing complaints as he was not aware of the need to do so, to meet the child's social problem and prevent further abuse and protect the child abused and his siblings.

I visited County Detective Fidicarro in the Somerset County Prosecutor's Office in Somerville. He was only recently assigned to investigate child abuse cases. He said that Somerset County had very few cases in 1967 and '68. This Detective said he was familiar with the process of reporting and stated that his office referred child abuse cases to the District Office of BCS down the street, in addition to referring the cases to appropriate police departments to make a criminal investigation.

I visited Mrs. Byrd right after I had the interview with Detective Fidicarro. She was the Supervisor of this district office. I thought she was rather noncommittal as to the activity of her office on child abuse cases. She agreed that county prosecutors should refer every child abuse case to the district office.

On January 23rd, I visited Detective Paul Woolverton of the Mercer County Prosecutor's Office regarding child

abuse reports, and like the other three counties, Detective Woolverton took a sincere interest in this subject. I might say also I spoke with every one of these Detectives in these counties. They all had a real sincere interest in the problem and made a real dedicated effort to do something about it. Detective Woolverton was interested in obtaining an opinion from the Attorney General as to the implementation responsibility of the New Jersey Child Abuse Law and if the County Prosecutor was responsible for educating doctors; and, if so, he would take steps to educate the doctors in the hospitals. So this man took a personal interest in the matter of child abuse.

I visited Deputy Attorney General Savage in the capitol complex some place - I don't know where it was, but it was somewhere around here - on August 10, 1967. I spoke with him about the problem of reporting DOA's as child abuse reports. I tried to emphasize the importance of knowing about a DOA for our Protective Services in the State to get into that home and protect the surviving siblings. He said -- I guess I had better read that from the record. I can't find it, I guess. But he said he would look into the matter and let me know, but I never did hear from Mr. Savage.

One of the biggest roadblocks in the handling of the reporting was in the Research and Statistics Unit. I had a very close relationship with George Sheldon who tried very hard to cooperate with me and get our report to Brandeis University. Mr. Sheldon was overwhelmed with work and the assignment of cooperating with the Brandeis Study was just another task added to the impossible burden he was already carrying and in a way I couldn't blame George for not getting our reports in, but it got to be almost impossible in the late reporting of our cases.

A lot of interesting things happened though in connection with the handling of reports in George's office. On the forms, on part 1, as I recall it, there was supposed

to be a return about the status of the case to be made to RSU. This technically would have served as a control for all cases reported, so that Mr. Sheldon would be able to follow up on his control and get in the reports that the control showed. This control factor never was exercised. Never once in a situation did we have a control. George was unable to keep up with the cases and I asked him if he wouldn't make up a record in a bound book where he could just list the cases, so that we would know at any one time how many cases he had. Mr. Sheldon was unable to do this. We never really did know. His cases were in a folder in a helter-skelter fashion and it was really chaos to try to find out what was reported and what had to be sent in, etc.

ASSEMBLYWOMAN FENWICK: Could you tell us, Mr. Olsen, was Mr. Sheldon charged with responsibility for the RSU and the child abuse cases in addition to another very heavy load of work or was this his main concern?

MR. OLSEN: Oh, no, child abuse was only one small part of his entire responsibility. I don't mean in any way to blame Mr. Sheldon.

ASSEMBLYWOMAN FENWICK: That is what I wanted to bring out.

MR. OLSEN: It was just another thing that was added to his heavy, heavy burden.

ASSEMBLYWOMAN FENWICK: I see.

MR. DE GRAW: Mr. Hollender just said he might like to comment on that.

MR. HOLLENDER: If you want me to, I can shed some light on that.

ASSEMBLYWOMAN FENWICK: Later perhaps, thank you, Mr. Hollender.

MR. OLSEN: I know Mr. Hollender from way back.

ASSEMBLYWOMAN FENWICK: I am sure you do.

MR. OLSEN: I am sorry I am not getting this in logical order. Maybe there ought to be a point where you

want me to stop and ask questions.

ASSEMBLYWOMAN FENWICK: I would like to ask you right now, if you don't mind an interruption, do you think this unfortunate result comes from a bad system or from understaffing?

MR. OLSEN: Both. It is a bad system and it is understaffed.

ASSEMBLYWOMAN FENWICK: Could you tell us what is wrong with the system?

MR. OLSEN: Now the system ought to have --- First of all, I would like to call your attention to this publication. (Mr. Olsen holds up publication.) On page 127, Dr. De Francis of the American Humane Association has outlined what he thinks are the essential characteristics of a child abuse law. And I would recommend strongly that you consider these as you draw up a law on child abuse. I would also refer you to page 111 where Dr. De Francis speaks about broadening the base. Certainly in the State of New Jersey you should broaden the base of reporting. You should go far beyond just doctors. Your law should also include medical examiners and coroners to report DOA's. You should also include in there school personnel and social service personnel. In some states that I worked with, it included everybody. Everybody in the state was required to report. That is pretty broad.

Actually what we are looking for in a child abuse law is a case-finding law. We want to find out which of the children have been abused so we can get protective services for them immediately.

I have before me a copy of the New York State law which I think is very good because it provides the necessary tools with which to properly treat a child who has been reported as abused. I don't think that reporting to a County Prosecutor would be the proper place to report an abused child. In the three years with which I was associated with the Brandeis Study and in New Jersey, I felt that this

did not work out very well. There were just too many inconsistencies, cracks through which the abused children fell, etc., etc. There were too many people involved and the BCS was not involved. This is the most serious indictment that I could make, the fact that BCS was not involved to the extent that it could have been.

I think the reporting of a child abused should be made to the BCS District Office and the County Prosecutor and the law enforcement agency should be omitted specifically from the law unless you want to bring them in yourself for some reason. But it seems to me that a Protective Services Department or Bureau of a District Office of BCS could move in, as in the State of New York and the City of New York, and make an investigation immediately. In New York City they make an investigation within 24 hours after they receive a report of child abuse. And if it seems that a court appearance is necessary the DSS, that's the Department of Social Services, worker consults with their attorney and a case is prepared for court. You don't tie up a County Prosecutor's Office with a lot of unnecessary referrals and a lot of police departments with a lot of unnecessary referrals this way. The child who is abused gets immediate service in this way if it is reported to the District Office of BCS, within 24 hours, hopefully, if that goes into the law, and the County Prosecutor is involved only to the point where you want to prosecute the perpetrator.

In speaking with several of the County Detectives, they agreed that it was extremely difficult to get enough evidence to bring a perpetrator into court. It seems to me then, to require reporting to a County Prosecutor is just a waste of everybody's time.

ASSEMBLYWOMAN FENWICK: Mr. Olsen, what power has the DSS, the New York equivalent of BCS, to remove a child who seems in imminent peril of being beaten up?

MR. OLSEN: In New York State, this is a very essential part of the law that I would urge that you consider

too. A Peace Officer, a member of the Social Service staff, may remove a child without a court or the consent of parents where the conditions are such they must do so. But they must notify the parents immediately if they don't know about it and they must go to court also immediately to bring the matter before the court as a matter of justice.

I urge you to get a copy of the New York State Law. I have everything here. If you want to Xerox that along with everything else, you can. In New York, a physician in a hospital, according to New York State law, is able to hold a child in the bed and this in many states has presented a problem because the parent has demanded that a child be returned to him and he has taken the child away. In New York State, this cannot happen because the hospital may keep the child in the bed.

ASSEMBLYWOMAN FENWICK: How long?

MR. OLSEN: Until they bring the matter before the court.

ASSEMBLYWOMAN: Who obtains that court order, the BCS or the hospital?

MR. OLSEN: The DSS.

ASSEMBLYWOMAN FENWICK: The DSS. And the hospital gets in touch with the DSS.

MR. OLSEN: The DSS is involved immediately because the case is reported. The physician is not involved in going to court. This is the responsibility of the DSS worker.

ASSEMBLYWOMAN FENWICK: Is the hospital then required by law to call in the DSS in New York when a case of suspected child abuse comes to their attention?

MR. OLSEN: They are still required to call in.

ASSEMBLYWOMAN FENWICK: The hospital is required to call in the DSS?

MR. OLSEN: They are supposed to make a telephone call and follow it up with a written referral.

ASSEMBLYWOMAN FENWICK: Then does the doctor testify in court, if necessary?

MR. OLSEN: If necessary, he may be subpoenaed or asked to testify. I don't know if this is a frequent occurrence, however. I don't believe they are required in too many situations to testify in court. This is one of the great fears of doctors, that they waste their time in court. As a matter of fact, I know the judges would look with favor upon arranging a time, what amounts to an appointment, with a doctor so that he doesn't sit outside the courtroom, but will be called when the judge is ready to hear his testimony so he would be taken into court immediately upon his arrival.

ASSEMBLYWOMAN FENWICK: Is there any requirement for photographs, colored or otherwise, to be taken?

MR. OLSEN: I don't recall the New York State law in that respect, possibly there is that requirement. They have amended the law since I terminated with the project. But I think it is in the New York State law.

ASSEMBLYWOMAN FENWICK: Therefore, you would suggest that the primary and perhaps the sole agency that everybody should report to is the Bureau of Children's Services in this State.

MR. OLSEN: Right.

ASSEMBLYWOMAN FENWICK: And the Bureau of Children's Services locally would be required to report to the central registry or RSU here in Trenton.

MR. OLSEN: That's right. I would think that the local DO ought to keep their own register, their own sort of DO register, and that each of the DO's would forward that to the State central agency, the RSU, where they would maintain a central registry. One of the advantages of the central registry, it seems to me, would be certainly that they would be able to give you facts and figures as to what is happening in child abuse in the State - the extent of it, the ages, and a lot of other information which would be not only of interest but of value.

Another benefit of having a central registry would be in situations where you have more than one abuse of a child. It is possible that a family may move from one county

to another or one district office area to another district office area, and having a central registry in the State, you would know this.

ASSEMBLYMANWOMAN FENWICK: Have you experienced that red X system, so-called?

MR. OLSEN: No, ma'am.

ASSEMBLYWOMAN FENWICK: Well, that was to have been and I hope might be able to be reinstated, which would mean that we would cooperate with New York and Philadelphia. Because people do cross the river and bring a child and avoid the evidence of repeated abuse in that way.

MR. OLSEN: Every state has a central registry. If you think that this family might have lived in another state, you can correspond with that central registry in that state and check to see whether or not somebody in that family was a perpetrator of child abuse.

ASSEMBLYWOMAN FENWICK: Your feeling then is it is not necessary or perhaps even desirable to notify the police?

MR. OLSEN: Not initially. Maryland has a very good law and a very good system. In that state, the initial referral is to the State DDS and they have a system where they notify the State Attorney General's Office automatically and they have a form on which they report such cases, stating the facts briefly. And I think there is a recommendation in there, if I recall. And the State Attorney General can decide whether or not he wants to proceed on the basis of this information. So you do have this communication between welfare and the law enforcement agencies. You may in your own system want to work out something like that if you feel that law enforcement agencies, say, the police or the County Prosecutors may take offense if they are not kept posted as to what is occurring in child abuse.

ASSEMBLYWOMAN FENWICK: How about the 24 hours a day, 7 days a week potential?

MR. OLSEN: Definitely there ought to be some way to have foster care of these children.

ASSEMBLYWOMAN FENWICK: How is it worked out in the other states, Mr. Olsen, where there is 24-hour-a-day reporting system? How do they work it out? Does the staff rotate in taking this emergency duty or have they a special person allocated to this kind of thing? How is that worked out?

MR. OLSEN: In New York City they just set up an office they call the Emergency Children's Center in DSS and this is manned 24 hours a day, 7 days a week. Now I don't recall in other states whether they have this. I really don't remember.

ASSEMBLYWOMAN FENWICK: That is a DSS office.

MR. OLSEN: DSS in the City of New York does have this. When we get outside of New York City, the country is different and the 24-hour situation isn't that important because everybody knows everybody else, you see. If a policeman or anybody has an abused child on his hands, he can always go to someone on the staff of DSS and approach him with the matter. So they can always sort of take care of that in the house. This doesn't seem to be a problem in the other states.

ASSEMBLYWOMAN FENWICK: Well, I don't know. Our experience has been that it varies a great deal from county to county.

MR. OLSEN: In Dr. De Francis's book, he points up many important things in connection with laws in all the states and I certainly would urge that you consult this as you consider a law in this State. He talks about hold orders.

Well, I guess I have sort of run down unless you have some question you would like to ask about some aspect of this.

ASSEMBLYWOMAN FENWICK: I have some difficulty with this book because, for instance, under "Report - how made?", he gives us three different ones - Colorado, Massachusetts and Utah. And I really don't know which one he recommends. I did read it but I didn't find it definitive. In other words, I don't really know even what his opinion is clearly as to what is the best procedure when I finish it.

MR. OLSEN: Are you asking my opinion?

ASSEMBLYWOMAN FENWICK: Yes.

MR. OLSEN: Or are you complaining about his book?

ASSEMBLYWOMAN FENWICK: No. I am asking you to furnish what he failed to furnish.

MR. OLSEN: "Report - how made."

ASSEMBLYWOMAN FENWICK: Yes.

MR. OLSEN: I would say the New York system is good, to make it directly to the DSS, in this case the BCS district office, immediately by telephone, followed up within 24 hours by a written report. As soon as the BCS district office gets the report. I would think that within 24 hours somebody should be out investigating this report and providing some sort of services, the services that are necessary.

As far as I am concerned, this is a positive position of mine.

ASSEMBLYWOMAN FENWICK: Do you think that is quick enough? I mean, many of our Bureau of Children's Services offices try to do it within 2 hours. They wouldn't take 24 hours as adequate. They send a member of the intake staff at once and in some cases in some of our counties they arm themselves with the necessary papers so that they have them with them in case they have to rush to a judge.

MR. OLSEN: Within 24 hours would be very, very quick under the present system. Under the present system, from my acquaintance with it for the three years, I think we would be lucky if some of those children ever did get any attention of BCS.

ASSEMBLYWOMAN FENWICK: It varies a great deal, Mr. Olsen.

MR. OLSEN: It varies from county to county. Having the responsibility charged to BCS would make it a standardized system. Mr. Hollender would be able to control it. He would be able to issue orders as to a systematic way of handling the cases. There would be training. There would be communication, control and supervision. This cannot be

possible under the present law reporting directly to the County Prosecutor

ASSEMBLYWOMAN FENWICK: Right. I agree.

Dr. Young?

DR. YOUNG: I have no questions.

ASSEMBLYWOMAN FENWICK: Well, unless there is something more Mr. Olsen, that you feel we ought to know -- I feel that you know so much that we would be anxious to hear.

MR. OLSEN: Well when I read all my notes. I sort of get confused There is so much here. I guess I'd better stop.

ASSEMBLYWOMAN FENWICK: Well, don't go away and if you think of something more you would like to tell us, we would be glad to hear it.

Mr. Hollender now wants to comment on some of these things. I understand and Mr. Cosgrove is here and wanted to say a word.

I think we can be a little informal now because there is nobody who has come from a long distance waiting to testify. So if you think of something else you would like to tell us, do.

Mr. Hollender, would you like to say anything now?

MR. HOLLENDER: If you want additional information about the registry and the way it works, I'd be glad to come up. I can wait.

ASSEMBLYWOMAN FENWICK: I tell you what I would like to know right now: Is the man in charge of the registry now still as overburdened and distressed with work as Mr. Sheldon was in 1967. was it?

MR. HOLLENDER: No. I have a copy of something I wanted to give to Mr. Olsen.

ASSEMBLYWOMAN FENWICK: Good. We only had 76 cases last year, Mr. Olsen.

MR. HOLLENDER: 85

ASSEMBLYWOMAN FENWICK: 76 is what I have. Did you have 85?

MR. HOLLENDER: Yes. Mr. Sheldon is the person

responsible within our agency, of the gathering of all statistical information, compiling it and promulgating it, and only one piece of it is compiling the registry for suspected abuse cases. As the result of the department's going into a computer operation, Mr. Sheldon has had less manual statistical information to pull together, so has been able to devote some more time to the registration of the child abuse cases.

ASSEMBLYWOMAN FENWICK: Does the registry show - and I presume it does naturally - the day of the arrival of the report?

MR. HOLLENDER: Yes.

ASSEMBLYWOMAN FENWICK: -- two, the followup as to whether or not and, if so, the days the social worker went out; three, whether or not there was ever a criminal prosecution attached to this; four, what final disposition, whether it is a continuing social work involved or whether the case has been closed, the family has moved or whatever?

MR. HOLLENDER: Well, what does show is when the act is supposed to have occurred, when it was reported, and then information about who is the alleged perpetrator of the act. If this is known, the age, the relationship, this kind of information - age and kind of abuse of the child, what the outcome was, whether or not after investigation it was ruled to be an accidental injury or whether or not some prosecution was in the works or in fact carried out.

DR. YOUNG: Mr. Hollender, do you have any information on the ages of the children? I am wondering if most of these 76 or 85 children were very young children.

MR. HOLLENDER: I have the breakdown for the 85 that are now listed and I am sure the number 85 will increase as time goes on because our experience has been sometimes two years later we are getting reports - two or more years later we are getting reports of child abuse situations filtering in. The 1970 figures - it isn't too surprising that they are rising as the months go on. But the 85 cases that were

reported as of the time this was pulled together ---

ASSEMBLYWOMAN FENWICK: What is the date on that?

MR. HOLLENDER: There isn't a date of publication, but it was pulled together within the past month and a half.

ASSEMBLYWOMAN FENWICK: When was it '76? Was that at the end of the year? I think that must have been in February when we started our investigation.

MR. HOLLENDER: This is probably a month later and we had an additional 9 cases reported. I would suspect if we asked them today there would be 1 or 2 additional ones. But the ones at the time of this report - the ages of the children: under 6 months there were 11 of the 85; 6 months to 1 year, 7; one year to 2 years, 16; 2 to 4 years, 14; 4 to 6 years, 9 children; 6 to 8 years of age, 7 children; 8 to 10 years of age, 6 children; then going up, over 10 years of age there were 15 children all together reported.

DR. YOUNG: As reported.

ASSEMBLYWOMAN FENWICK: So you do show the final disposition of the cases.

MR. HOLLENDER: That's right. Of the 85 in 1970, 54 had the cases ruled out as abuse. They were considered to be accidental injuries. 26 resulted in criminal prosecution and 5 were still under investigation.

ASSEMBLYWOMAN FENWICK: I am surprised at the large number of accidental ones.

MR. HOLLENDER: I was too, frankly.

ASSEMBLYWOMAN FENWICK: I would have thought that you'd have determined to be accidental. Let's say, 8, decidedly accidental; still suspected but not prosecuted because of insufficient evidence, 40.

MR. HOLLENDER: But I think you have to remember this is a criminal investigation. I suspect if a social agency was out there, they would have said a good many of these 54 require continued social ---

ASSEMBLYWOMAN FENWICK: You mean this is the Prosecutor's report not the BCS report.

MR HOLLENDER: That's right. This is the report of the registry which is only a report of the reporting system. We are saying what the reporting system resulted in and the reporting system specifically excludes the social services that are provided as a result of this. One of the requirements of the law is that the reporting is purely for the purpose of registration, and this is one of the reasons why there is some confusion. When we read the law, we say, situations that are reported to us by the Prosecutor, according to the law, we can't send a social worker out on. We have to get information about it from some other source. Whereas, the Prosecutor or somebody else, by sending us the forms we have asked him to send us, has in effect initiated some social services to the family.

ASSEMBLYWOMAN FENWICK: I am wondering here, because I think the burden of the testimony today has been to suggest, with some exceptions, that the reporting should all be to the Bureau of Children's Services, that the Bureau of Children's Services should report to the central registry, and that the police or Prosecutor should be called in when in the opinion of the local Bureau of Children's Service, it is necessary -- Now I like that for a number of reasons because it suggests the helpful rather than the punitive aspect of child protection. But I am wondering if it is adequate. I am wondering if it is adequate protection of society because I was struck with something that Lieutenant Lee said this morning. A policeman is not capable, even if he is sympathetic, to judge the social problems with which he is faced. Can a caseworker, a social worker, whose whole bent and impetus is to help people, to preserve, to heal, to build up, have any conception of the criminal aspect of an act? In other words, are we not putting the caseworker in as impossible a situation as a policeman would be if he were asked to determine the social aspects of the case?

MR. HOLLENDER: I think we would be. I think the social investigation and the criminal investigation are two

different things.

ASSEMBLYWOMAN FENWICK: So do I.

MR. HOLLENDER: And one complements the other in this kind of a situation.

ASSEMBLYWOMAN FENWICK: But you see, Mr. Hollender, what I am getting at is: How do you get the police into the act, so to speak? How are we going to give society the protection that their expertise can afford if the entire reporting is to the Bureau of Children's Services and from that Bureau to the central registry here, with no arrangements for bringing the police in, unless the Bureau of Children's Services worker is afraid to go into the area and calls them for protection or is faced with a very hostile parent that seems to almost ask the social worker to call in the police because she won't do anything? You see, it is a good deal to leave up to a criminally untrained social worker.

MR. HOLLENDER: Yes, especially if they are fresh out of college.

ASSEMBLYWOMAN FENWICK: What do you suggest?

MR. HOLLENDER: I think there have been a couple of suggestions. One is the Denver pattern that there be the team. Whether the team gets their report at the local office of the Bureau of Children's Services or the local office of somewhere else to get them out to the home where they are needed is immaterial. There should only be, I think, one place that it is reported with that one place having responsibility for seeing that it gets everywhere else that it is needed to be gotten, including the central registry.

ASSEMBLYWOMAN FENWICK: Won't the social worker feel that she or he - when we get the men out of the supervisory jobs and into the field ---

MR. HOLLENDER: I wish we had that many men supervisors.

ASSEMBLYWOMAN FENWICK: Well, you know what I mean. If we achieve this wonderful result, we are asking the social worker then who really wants to be a helper and should be a friend of the family -- and it is a very difficult

thing to convince somebody that you are their friend when the first thing you do is to call up the police. This is the dilemma that I don't see how to resolve. Who is going to help us with this? I really don't think it is adequate to say, we can leave it all up to the Bureau of Children's Services and they call in the police when they want to. I think that is dangerous. Don't you, Dr. Young?

DR. YOUNG: I don't think it will work either.

ASSEMBLYWOMAN FENWICK: I don't think it will work. What I think would be ideal would be if we could provide every police department with Lieutenant Lee's in civilian clothes who have a heart and are anxious to cooperate and could go out as a matter of course with the Bureau of Children's Services, so she doesn't have to call anybody. She goes out with a member of this socially-oriented police force. That's the ideal, isn't it?

MR. HOLLENDER: Yes, the team going out together, each one knowing what they are going out for.

ASSEMBLYWOMAN FENWICK: They both go out to help and each does his function, depending on what they find.

MR. HOLLENDER: Right.

DR. YOUNG: There is still a contradictory role here, but I don't think there is any way of getting away from it. I think it is built into the situation.

MR. HOLLENDER: I think the contradictory role depends on what is uncovered.

DR. YOUNG: It may or may not be.

MR. HOLLENDER: I would suspect in many situations in Denver, there is no conflict in the roles because they go out and clearly what is needed is help, not prosecution, and nobody has any big problem.

DR. YOUNG: If you find a two-year-old child with a fractured skull, you are not going to start with being helpful to the family. The first priority is to remove the child.

MR. HOLLENDER: There is no conflict there.

ASSEMBLYWOMAN FENWICK: Would you like to comment

unofficially in this informal way we are doing, Dr. Boehm, on this subject?

DR. BOEHM: There are two types of action. I think the social worker does use the court, but primarily for actions determining the legal status of the child for securing custody and sometimes even guardianship if action is deemed necessary to remove the child on an involuntary basis, but that is an entirely different kind of action.

ASSEMBLYWOMAN FENWICK: But that is not the question I meant to ask. I can see I haven't been very clear in my question.

DR. BOEHM: But I do think that the social worker cannot take the responsibility for determining whether criminal action should be lodged. However to require a compulsory lodging of criminal action in situations where there is some hope of rehabilitation is very different.

ASSEMBLYWOMAN FENWICK: I agree. It seems to me if we had the team, it wouldn't be compulsory because then the socially-oriented policeman and the social worker who knows her stuff could get together and say, "We haven't enough evidence anyway and it looks rather hopeful." So it doesn't have to be automatically a crime. But on the other hand, to leave the law out entirely and have the report to the Bureau, I am afraid is not adequate.

DR. BOEHM: No, it isn't. I think I would like to know for myself how much leeway does the County Prosecutor have to fail to institute action if there has definitely been willful abuse of the child, despite the fact this does seem to be a rehabilitative family. Can it be dropped?

ASSEMBLYWOMAN FENWICK: My dear Dr. Boehm, it is dropped all the time. The trouble is, it is dropped for lack of evidence and not because the family seems to be able to remake itself. Isn't that it?

DR. YOUNG: Yes.

ASSEMBLYWOMAN FENWICK: The point is, frankly the

Bureau of Children's Services at times is so concerned with remaking the family, that they completely push aside any thought of criminal prosecution. In the same way, the Prosecutor is so concerned with prosecuting that if he hasn't got evidence, he simply drops the case, period.

DR. BOEHM: This is why I say it is a close working relationship that is important so one doesn't frustrate and thwart what seems to be the thrust of the other.

We were just looking over 747 and wondering why these reports are sent to the Bureau of Children's Services at all because it says they are sent for the sole purpose of compilation of statewide statistical data.

ASSEMBLYWOMAN FENWICK: I don't think that is adequate. I couldn't agree with you more. That has got to be changed.

DR. BOEHM: There are other clerical means by which this could be handled rather than overburden the Bureau of Children's Services.

ASSEMBLYWOMAN FENWICK: It is to make a network of protection for the children, of which the central registry ought to be an integral part, so when an abuse is reported in another town, it can be correlated with the previously-reported abuse in another place.

DR. BOEHM: It is not deemed to be a filing of a complaint, which means then that the Bureau of Children's Service has no authority to go out and provide services unless it has the status of a complaint.

MRS. ORR: This is what 747 says now.

ASSEMBLYWOMAN FENWICK: Senator McDermott is content that we should modify that.

DR. BOEHM: Isn't there also some question - and this is a legalistic question - about having people's names on an abuse registry when the situation has been found legally not to be one of abuse? The Civil Liberties Union has brought this up in some states, whether or not this is an unlawful classification of a family as being an abusive family when

they have been found by court action not to be abusive, but their name is still on a registry.

ASSEMBLYWOMAN FENWICK: I think it should be clear - in my opinion we should make it clear - that the central registry is not a penal list, it is a medical list, and it contains the record of evidence of the physical condition of children. That I think would be an important differentiation to make. Because I think if we can establish at the intake level, so to speak, these teams, it is up to the police to agree with the Bureau of Children's Services and go to the Prosecutor and prosecute and that would be on an entirely different list. And we will not charge the Prosecutor with reporting to the Bureau registry except when he has dismissed or convicted. Then that would be entered - dismissed or convicted.

DR. BOEHM: The action and status of the family is clearly indicated.

ASSEMBLYWOMAN FENWICK: Exactly.

MR. HOLLENDER: See, the registry that we have now - and it is a registry, a book, with each one listed - does show that the Prosecutor has disposed of it in a certain way. In the 54 cases, it showed criminal abuse was ruled out and this fact is entered into the registry too. It is just a registration of facts that exist. In some way it can be prejudicial, I guess, because if the same person was reported the second time --

ASSEMBLYWOMAN FENWICK: But that is what we have to know.

MR. HOLLENDER: -- we would let the person who was registering the second time know what happened the first time and what the disposition was and where. So in a way it is.

ASSEMBLYWOMAN FENWICK: Yes, but I would think if we were keeping this properly, at the end of a year we would have 5 or 10 times as many children on the registry as there would be cases with which the Prosecutor had dealt. So we have to protect the children in that if they did get

a fractured skull somewhere and if everybody agreed it was accidental, they would still be on that list even if it had been before being investigated. In that way, if it is a list compiled of children's medical records, so to speak, when they have been viewed from this aspect, being on it will not be the stigma that it would be if it were only reported by the Prosecutor; it would be a medical record.

I think now we have one or two more witnesses. We have Mrs. O'Grady of the Foster Parents Association of Hudson County and also Mr. Cosgrove. Before hearing from them, we have Mr. Berzin first. Then we will have the others.

Would you give us your full name, please.

B E N J A M I N B E R Z I N: I am Ben Berzin. I come to you as a social worker but I also come to you as the President Elect of the Shore Unit, New Jersey Chapter of Social Workers.

I formerly served as President of the New Jersey County Mental Health Administrators Association. So I do have a background in connection with this problem from several vantage points.

I do want to point out that many and most of the suggestions that have been made by speakers at previous hearings and at this present hearing are certainly excellent and our Bureau of Children's Services which does have a statutory responsibility in this field can take many of these suggestions and recommendations, read them, and hopefully long for the day when they can implement them. Because your Legislature and your predecessors, Mrs. Fenwick, have really not been very sympathetic to the problems of administering social services of this sort.

Our Bureau of Children's Services, which I am not part of, but very sympathetic and empathetic with the nature of their problems, has really not had the kind of financial support to provide them with the skilled manpower to carry out previous recommendations of the Blum Report or many

of these very good suggestions that are being bandied around today. Without the means to do it, we will have a commission hearing, a report, and we will have business as usual. The situation will not necessarily change.

I have had occasion as a social worker in my early days in this field to work closely with the Bureau of Children's Services and at times I wondered how they were able to do the tasks that were thrust on them. New legislation is not going to change very much. Certainly a better reporting system is in order. Protection for the informer is necessary. Central registry is fine. All these certainly contribute to a better management of the problem. But over and over again the Bureau has been overwhelmed by sheer numbers. Very true, we can criticize the Bureau for certain inefficiencies. Every arm of government or even business at times when the load gets very heavy begins to fall apart at the seams. The Bureau is no different. The Bureau has had to deal with niggardly budgets, to hire neophytes out of college with Bachelors' degrees, young women and men wet behind the ears with very little life experience, to step into these very, very complex situations, very complex.

The Bureau has a schematic plan to train, to deploy people to operate. but over and over again I have watched from the outside; they are overwhelmed by sheer numbers. It is an almost impossible task. Unless they get this kind of relief, this kind of budgetary consideration, to really hire top-notch people and screen out those who don't quite offer the best, their problems are just going to be the same problems as we have had during former years.

Now about legislation - case-finding is very important. The big question is: Can you legislate case-finding? You write into a piece of legislation that doctors will report, hospitals will report. We have had a long, long history of legislation telling doctors to report venereal disease. Are they reporting it? Doctors are to report drug addiction. Are they reporting it? They are not reporting it and there

is no possibility that they will report it. They may report some indigent, low-income, black family that may scurry in to them for some situation. But they are not going to report their well-to-do customer, that customer will certainly be provided confidentiality. So let's be realistic about this.

It would be proper for the Bureau of Children's Services to focus on the law as it is written right now and do a little more PR, a lot more PR. Let the community know what their operation is all about. I know they are a little afraid to do this. Why stir up more business when we can barely manage with the business we have on hand? Sometimes I cry for Mr. Hollender. It is endless anguish. But at the same time we are concerned with children in danger and we are concerned with situations that have all kinds of reasons for it happening. The first order of business is to protect that child and whoever is aware of abuse or neglect should know, every citizen should know, that in a civilized society we do have an institution, we do have a mechanism, for dealing with this problem. And the Bureau of Children's Services happens to be our mechanism in the State of New Jersey and we should seek ways of strengthening the Bureau and having this Bureau better understood, better known, throughout the entire State, and how to use the Bureau.

How to use the Bureau is a very important thing because most people, including the so-called social agencies, do not know that the Bureau can, on request, intervene in every situation concerning child abuse. It doesn't mean they are running to court. But they can step in and investigate and inquire and find out what it is all about and perhaps give guidance to a family and where the situation is not threatening, perhaps avoid the courts; and if it is pressing, yes, we might have to put some muscle into it. But I am sure Mr. Hollender can show that most of his activities do not involve the courts and it shouldn't involve the courts. Because the moment you bring the punitive factor into this, you are going to destroy any kind of rapport, any kind of

future relationship you will have with this family.

In order for him to do this, he needs manpower, skilled manpower. It is not a one-shot deal. It may involve a number of ongoing visits. It may involve a variety of tasks in order to get this family back on the track of functioning. Family disfunction can have a number of causes. We have mental illness, a very serious matter with many people that are involved in child abuse. They are sick people. They are people undergoing terrible frustrations of every-day living, of interpersonal relationships, and the closest one to them, the child, gets battered. Whatever the reason for their frustration, it has to be dealt with.

We also have a good amount of irresponsibility, not necessarily mental illness, but irresponsibility, a lot of young, married couples, a lot of youngsters with children, not quite used to new responsibilities that they have for child care, for family life, a tendency to run out and leave the child alone, a tendency to have some wild parties. I have been called in on an occasion of a young unmarried mother with two children, called two in the morning by a neighbor who didn't know who to call, what to do, but called me at my home. This is some years back in Somerset County. I did rush out and there was a wild party going on and one child, the two-year-old, was almost stoned to death, by some hoodlum at that party who was annoyed by the endless crying of this baby, and with the good help of the Bureau of Children's services, who did respond at 2:30 or 3:00 o'clock in the morning, we got the family back on the track.

ASSEMBLYWOMAN FENWICK: Did you grab the child? What happened?

MR. BERZIN: Yes, I grabbed the child and ran. It was as simple as all that. I just grabbed both children and took off and let the BCS and the police pick up the pieces. That was the first order of business.

I am pointing out again, the situations vary and we do have to have the means there to respond very quickly at

any time of day or night, seven days a week. We can't close shop at 4:30 or 5:00 o'clock. We can't have telephone numbers that don't answer. We can't have people who are not covering and we do need an improvement in that type of instance. And I do submit, Mr. Hollender, that a little shaping up of BCS would be in order too, in order to come up with some innovative and modern methods of dealing with these problems. Certainly every police department should have someone at the central office, if they can't get a county or regional office, to respond. There should certainly be three or four places around this little tiny State of New Jersey which we can reach within, let's say, 20 minutes or a matter of minutes, if we have to call upon the police to do it for us. But with modern communication, this should not pose too great a problem, even if we need a very strong alarm clock to wake up that particular worker who is supposed to be on duty.

I do want to caution in the area of building so-called shelters and institutions. I heard Mr. Hollender talk about this and several others. Be careful of that. One of these days I am going to file a suit against Institutions for child abuse or child neglect. I have had my tours of county shelters which were directed toward protecting children, and find children behind bars, behind closed doors, thrown into dungeons of a sort that would just throw a chill down your spine. We heard about this buyer who happened to stumble across some little child in the basement of a house being punished. I have stumbled across children in shelters behind barred doors charged with some of the most heinous crimes, such as running away from home. So here we have youngsters who are suffering abuse or neglect at home where they cannot tolerate it any longer and want to run away. Then our system steps in to protect them and gives them a dose of the same medicine. So this is in order. It may not be directly related to the considerations we have on hand with our commission now that may regard the potential villains as parents only, but they should also take note of the fact that our system, our institutions, can also be guilty of the very same behavior.

So watch out for these institutions.

ASSEMBLYWOMAN FENWICK: But what do you suggest instead?

MR. BERZIN: Well, I know that the Bureau of Children's Services has developed in many counties good arrangements with --

ASSEMBLYWOMAN FENWICK: The warm couple that Mr. Hollender suggested?

MR. BERZIN: Yes, that Mr. Hollender has in some counties. Again I am not speaking for his whole system. I know his whole system is not that perfect. But they have developed some excellent home-care arrangements, temporary foster care, where a person will respond at any hour of the day or night to take a child into their home and provide tender loving care and security and the emotional strength that this youngster needs at that time. . . . I certainly suggest that over any kind of an institutional setting, including a shelter. I am not too hep on these shelters, even the best of them.

I do think that we should give much more concern to the operation of the Bureau of Children's Services. Money they need; manpower they need. And perhaps I will send Mr. Hollender some suggestions without taking up the commission's time in the sense that there are some wonderful, wonderful innovative, creative activities going on around the United States in different states. There is no one state that is outstanding in any of this. But within every state there is something good, some little particle in an operation that we might look at, examine and steal, just take it over and bring it right into New Jersey and use it here.

I know that Mr. Hollender, as most people within our State system, is very gun shy, afraid of the Legislature and they don't pound on the desk and yell and scream for the appropriations that they need and it is high time they did. Because if they have the responsibility to do a job, they had better yell and yell very hard to get the help from you folks

that they need. Because when the going gets rough and scandals begin to pop, it will be their heads that will fall and they will be the scapegoats for all the inadequacies in our system. It has happened, it is happening and will continue to happen.

So again, Mr. Hollender, don't be a bureaucrat, really let the Legislature know what you need and I am sure they will respond. Thank you.

ASSEMBLYWOMAN FENWICK: Thank you very much indeed. You have been very helpful. Any questions? (No response.)

It has come to my attention that Mr. Cosgrove has been here since ten o'clock this morning and perhaps he would like to come now and speak to us.

Give us your full name please, Mr. Cosgrove.

J O H N C O S G R O V E: John Cosgrove. As you know I am on the staff of the Pediatric Social Service at Martland Hospital, part of the College of Medicine and Dentistry.

There were a couple of things in particular that I wanted to get into that no one else has. I am afraid some of the other things might be repetitious. The thing that I wanted to talk about was where the hospital fits into this. One of the things that I like about the McDermott Bill and that the people at the hospital and at the college like is that it provides for the immediate protection of the child who is suspected of being battered, although the child may not need hospitalization or may need hospitalization. At the present time there isn't that protection. There is a gap in the period of time between the time that a complaint is made to the Prosecutor -- The law says the Prosecutor is supposed to cause the case to be investigated, which means the police department. If it is late in the evening or on a Friday, the Prosecutor isn't available. So what we have on our hands is a child in the emergency room whom we suspect of being battered and we are afraid for that child to return to his home.

I am sure it was within the intent of the current law that the hospital could take some means to protect the child. However, in practice what happens is that in order to secure the protection of this child, the physicians are asked by the police when we call them in to make a second complaint, as it were, in addition to the one to the Prosecutor. In order to do that, the police feel they must incarcerate the parent and sometimes they think they must place a guard at the child's door.

Now needless to say, if you are hoping to work with this parent toward a resolution of the problem that led to this incident, this is not the proper way to start.

ASSEMBLYWOMAN FENWICK: Are you referring to that section of 747 of which you approve, and I agree, that gives the hospital the power to detain the child when in their opinion it would serve the best interest of the child? So it becomes a medical matter which they can extend, of course, over a period of time, despite the parent's wish to remove the child.

MR. COSGROVE: Right.

ASSEMBLYWOMAN FENWICK: I think that is very good.

MR. COSGROVE: At the present time we are powerless because under the law the doctor is given immunity when he makes a complaint to the Prosecutor but not to the local police department. We have had instances of this, one recently, where it caused quite a stir.

The other thing that I wanted to talk about was the accountability, the reporting, who can report. I agree with everyone who has spoken so far who says it must be expanded to include a lot of people. I think everybody should have the obligation to report, with appropriate sanctions if they do not report.

However, I think in certain kinds of settings like a hospital, it is better if there is a physician on the staff and there is no first-hand knowledge of the incident, that the physician be required - in other words, there be a

range of accountability. The reason I say this - there are actually two reasons - first of all, the physician can best determine whether or not the injuries sustained gibe with the account given by the parents. Some of this may be hard to determine. To give you an example, a child may come in with a lot of bruises and the parent may say that the child bruises easily. This is possible. The only way that you can determine it is by doing a series of diagnostic tests on the child's blood and things like that. So I think that is very important. If someone else in the hospital recognizes it first, fine, they can corroborate the physician's account and also receive immunity. But I think it is very important. As has been said many times today, many of the cases that go into court are not the ones that need to go into court where we feel that a separation is necessary or criminal action is necessary and they are not proven because of lack of evidence. This would make the situation even worse because you wouldn't have the professional opinion of the doctor there to back up your claim of abuse.

Another thing is that most of the people on the staff of the hospital that come into contact with this problem are doctors in training - they are residents. Now if we don't somehow get them positively involved in this system of helping the abused child and his family from the beginning to the end -- they are apprehensive enough to begin with about getting involved in this. What we try to do at Martland is take them through it by the hand, you know, and show them that it is not so terrible and in fact it is part of their responsibility as physicians. So in a couple of years these young residents will be out having their own practice. Many people have said that there would be many, many more cases reported if the private practitioners would do so. I think this is one area where we could help. So there is a dual thing there.

This afternoon a lot of mention has been made about the central registry. I have some feelings about the central

registry, how it should be, but even the way it exists now, it is not being used to its fullest extent. And this is not the fault of the Bureau of Children's Services. One of the uses of the central registry in most states is to help in the identification of abusive families. What you do is, with appropriate safeguards, you contact the central registry and you find out if the family was known to them before. As of this moment, Martland Hospital is the only institution in the State which is doing this. As I said, this is not BCS's fault because in the excellent series of articles in the Bergen Record, George Sheldon was quoted as saying that this service was available and we were the first to contact him and no one else has. So there was that notification, but no one is making use of it. I think it is vital.

Of course, we are not getting all the cases reported that we should and I think as the system improves there will be a lot more children and families whose names will be in the record. I think then that what we should do besides using this as a diagnostic tool to help us determine whether or not a child has been battered is use it as a rich source of data on which to base everything from funding for positions at BCS to deal with this particular problem, to ongoing research into the battered child. What is the battered child? What are we doing about the battered child? And how is it working?

No company would function without a research and development unit and this is something that BCS does not have and I think it is vital that this be built in. It should be in all the programs. And I think this is an excellent source of data on which to make projections about the use of staff and things like this.

The team concept has been mentioned quite a bit today. I think that the combination of the police officer and the social worker would be better than the system we have now. I kind of lean more towards the proper training

of social workers, and I don't just mean the Master's degree in Social Work kind of thing, but specific training in areas in which social workers have been traditionally lacking in, such as knowing what kind of evidence is admissible in court. They haven't been trained in rules of evidence. I don't think it is inconsistent for the social worker to become involved in this way and, if necessary, call in the law enforcement people and present them with the evidence. In fact, it might be beneficial for the family to work through the whole problem with the worker rather than the social worker coming and saying in effect, not outright, but by implication, "I didn't get you involved with this mess with the Prosecutor." I think it would be better for a social worker to say, "I saw a problem and I saw nothing being resolved and I involved the Prosecutor." I think there would be a meaningful exchange as a result of that.

I think the only way you can do it, even if the social workers were trained in legal procedures, would be with the very close cooperation of law enforcement authorities, perhaps in mandatory consultation immediately with someone from the appropriate law enforcement agency. As I said, if this does not seem agreeable to all concerned, I think that the team concept of the social worker and the police officer would be better than the present system we have. But people mentioned the team concept, especially the one in Denver, and I don't think it was fully explained, at least from my understanding. What they have in Denver - and I think in New York in at least the area around Jamaica they try to do the same thing where Dr. Ray Helfer is - the team is really quite broader than a social worker and a policeman. Their plan is to have people in various professions who are well versed in problems around the battered child sit down with the people immediately involved within 24 hours. This would include a law enforcement person, a pediatrician with knowledge and expertise in this area, a psychiatrist and social worker and nurse. In Colorado they also include

lay people whom they train to help the parents out in some of the little things that they become involved in that lead to frustration that may in turn lead to the child being battered.

ASSEMBLYWOMAN FENWICK: Law enforcement, psychiatrist, social worker and community aide.

MR. COSGROVE: Pediatrician as well.

One of the things which Dr. Young has often pointed out is that the Denver project while it has been lauded is a bit weak in backing up what it is doing. You know, we don't really know how effective they are and why they are effective. I think if they are effective, it is probably because of the saturation of services they have. It is almost like an alcoholic who wants to take a drink and has a phone nearby. This mother has a psychiatrist, a social worker this lay therapist whom I think they call foster mothers for mothers, that she can turn to. I don't feel they really share what they are doing right, if they are doing anything right. This is one of the things that has made their program get so much attention.

So I wanted to broaden what has been talked about as a team concept because everyone would seem to consider it to be the policeman and the social worker.

ASSEMBLYWOMAN FENWICK: That was just to go out and seize the child.

MR. COSGROVE: Right. But this was very important. Not only do they have a meeting within 24 hours to set up a tentative treatment plan, but they remain involved as the case develops to make whatever changes are appropriate.

Of course, sometimes criminal prosecution or the use of the court, separation of the children from the family, are going to be necessary. But what seems to me to be happening in a lot of the talk about the battered child is that everyone talks about the primary problem being protection of the child - and I agree that's the primary problem - but too often thinking stops there. And it is

neither practical nor humane to follow that line of thinking. You can throw out the humane bit for a second and think of the practical implications. Whether or not you remove a child doesn't matter, but, say, you do remove a child. You still have a family there with other children who may be subject to the same kind of abuse. You have usually young parents capable of reproducing again and doing the same thing.

ASSEMBLYWOMAN FENWICK: The family situation is just as important.

MR. COSGROVE: Right. I think too often when the child is separated, there is no work done with the family or, if the child remains, usually it is because the case was lost in court. If you lose a case in court, there is not too much of a way a social agency can get involved because the family is not in the mood to cooperate.

So if you start out with the team thing of the policeman and the social worker coming in, as Dr. Silver said this morning, to help, and you really create that impression - they really feel that that is what you mean - then perhaps you can get a foot in the door beforehand and not wait until after the hearing is over and try to force something on people because it is just not going to work.

The matter was brought up about making appointments for doctors in court so their time wouldn't be taken up and that this was an unrealistic fear. It is not because I have experienced it. I go with the doctors when they go to court and only perhaps through my personal intervention, which isn't always successful, do we have some consideration given to their time. What happens is, if they are kept in court for a couple of hours and kept away from their duties, especially the residents of the hospital, they are not too inclined to identify another case of abuse, especially if it is a borderline case. And not enough consideration is given - he have one young pediatrician who has been called out three times on the same case and has been made to wait

several hours in court while somebody had to double up to handle her duties in the intensive care nursery. So that is a problem not just a fantasy of the doctors. It is a real problem.

I could support a lot of things that were said by Mr. Hollender about the need for more staff because I think 15 cases to a worker is the maximum caseload for a protective service worker.

Assemblyman Owens brought up the point of expense. I think if you consider the alternative over the long run of therapy, incarceration institutionalization, of all the people involved or the placement of the children as an alternative to really giving intensive quality service, you find it is cheaper to do it this way.

I'll be glad to answer any questions. I just wanted to make a couple of points about the hospital and give you my reactions to some of the comments made here earlier.

ASSEMBLYWOMAN FENWICK: I don't think I have any questions. The difficulty is when you speak of finance. to be perfectly honest, there are many different agencies and services clamoring for funds - education, correction, welfare. In this field, I don't think it would be as difficult to convince the Legislature that a Bureau of Children's Services worker who is concerned with emergency situations where children may be beaten up not be given more than 15 such cases to handle. I don't think that would be too hard. What I think is difficult is to prove that intensive social service does anything and there have been the most discouraging statistical studies on this. There is where the rub comes. How can we really say that if, as they did in, I think it was, Chenango County in New York -- Dr. Boehm, I am sure knows the study I am referring to. Wasn't it Chenango County?

DR YOUNG: Yes - New York State.

ASSEMBLYWOMAN FENWICK: Over a period of two years. I think it was they divided these families. One received intensive care with very very small caseloads and the other

received the normal 60 or 80, whatever it was. Of course, we don't know. This is the difficulty in social work. You are dealing with a mystery, which is the human personality. You don't know whether 10 years from now 40 per cent of those children who got the intensive care - no matter what the immediate situation is or what they are doing -- 10 or 20 years from now they may be the head of the PTA or the president of General Motors. If there is no appreciable difference in the problems within two years after this intensive and very expensive care, it is awfully difficult to stand up and convince the Legislature when welfare needs the money it does, when education needs the money it does, when mass transportation is staggering, when the cities are falling on their noses. That is what the core of the problem is. It is that in social work we are dealing with a mystery which is the human nature, the human mind, the human psyche.

The only solution I can see is that we should keep pressing for everything that seems hopeful, that we should keep pressing for innovative developments in the social welfare field as impressive as, for example, the Diagnostic Center has been in correction. There was a great move forward in the whole handling of the correctional field. We need --- but I don't think I ought to take your time or anyone else's.

MR. COSGROVE: If I could just comment on that, I don't think that the Bureau of Children's Services for the most part, especially regarding this problem, has ever had the opportunity itself to see if it could handle it. No one has had the chance to say, therefore, that it doesn't work. I wonder what they learned from this experience in this county in New York. What did they do? Did they try to examine what they did right and what they did wrong? Perhaps this is not the form of intervention that is most appropriate.

ASSEMBLYWOMAN FENWICK: They took these families

and did with one-half of them what the most advanced social work thinking would suggest might be useful - intensive counselling, etc. The other half they just handled as usual. Everybody had Master's degrees in the intensive. It was a very carefully and seriously done project, and very worthwhile. It doesn't lead us to the kind of evidence that will stand up against the demands for welfare, etc. I think the 15-case battered child load does stand up. Because there we are dealing with something that is obviously an emergency situation. It is obvious - it is self-evident. Either you are going to keep a careful watch on that child and that family or you are going to bust it all up and send him to expensive institutions. You can take your choice. I think that it is quite clear that the State would be able to make a clear decision there. We would be justified.

Yes, Mrs. Orr.

MRS. ORR: The BCS budget has been approved by the Appropriations Committee with a protective service load of 1 to 30 families. So if you could convince your colleagues even to go down to 1 to 20 families, that would be a great step forward.

It is 1 to 30 for protective service cases. I think what Mr. Cosgrove was trying to say is it is more than double the ideal right now.

ASSEMBLYWOMAN FENWICK: What do you mean by protective services?

MRS. ORR: That is what we are talking about, the battered child.

ASSEMBLYWOMAN FENWICK: It is not just the battered child, is it? It is more. It is watching over them in the foster homes and so on.

MRS. ORR: That's one to 45. I mean, protective service cases are 1 to 30.

ASSEMBLYWOMAN FENWICK: It is just neglect and abuse?

MR. HOLLENDER: Yes.

ASSEMBLYWOMAN FENWICK: Maybe we can get that changed.

MRS. ORR: Foster home care is 1 to 45. What I am talking about is neglective service cases.

ASSEMBLYWOMAN FENWICK: What I am wondering - and maybe we can discuss this with Mr. Hollender - is if we have these different classifications as we questioned you about this morning, maybe some of them --- As I understand what we have always had in New Jersey is 1 to 53, isn't it? Hasn't that been standard for years and years and years?

MR. HOLLENDER: One caseworker for 53 children is the ratio that the Legislature and Governor have used in giving ---

ASSEMBLYWOMAN FENWICK: That, as I understand it, for many years has been the ratio in New Jersey. I think it dropped from 55 to 53.1 and has stayed there, as I remember it. But if you have now dropped that which includes all your foster home cases from 53 to 45 in the present budget -- Is that correct?

MR. HOLLENDER: No. This year's budget has switched. Instead of counting each child, the family is counted. Many of the families --

ASSEMBLYWOMAN FENWICK: -- have 5 children.

MR. HOLLENDER: The average for one block of families is 3 children per family. With 1 to 45, it is -- how many children altogether?

ASSEMBLYWOMAN FENWICK: 125 or something like that.

MR. HOLLENDER: It gets so high, I don't want to even think about it anymore.

ASSEMBLYWOMAN FENWICK: But isn't that the standard way of counting them, by the number of visits to the family? Isn't that the standard way you do it? In other words, you have one child in a foster home. That is one case. But you have 5 children in a natural home ---

MR. HOLLENDER: It hasn't been up until this year. I'll provide you with the information.

ASSEMBLYWOMAN FENWICK: I would like to go into that and if things aren't too set -- I am not on the Appropriations Committee and I don't know how far committed this is - but certainly we could try hard and now for 15 for the battered child and neglected child section. Over all it probably wouldn't be such an enormous burst in the budget. Could you help me with that, Mr. Hollender, and try to give me some fiscal note on it and see what we could work out? Because I would like to get back that training thing too if we could. Maybe we could have some way of using your training staff, for which we receive this Federal reimbursement, as part of the supervisors for this intensive staff. I don't know if that would be possible. We have to plan to do something and come to grips with it and not continually talk about things without changing anything, without developing anything.

MR. HOLLENDER: The fiscal note you want is based on the assumption there is going to be broader reporting of child abuse situations.

ASSEMBLYWOMAN FENWICK: You know what I would like to do? I would like to start it out on the basis of 15 to 1 and just say from the evidence we have heard here this morning from the most capable people in the State, we have determined that that would be a good way of handling it. Now let's not get too excited and say that we are going to have 1800. But let's say that we are going to simultaneously improve our reporting system so that we have to prepare for a jump from 85 to, let's say, 200, something modest. If it burgeons, we will have to get an emergency appropriation.

MR. COSGROVE: Just as one final note, I would like to cite something from my personal experience when I worked for BCS working in protective service, which has something to say about BCS being very closely involved in the initial stages of this reporting, and that is, this: It was not unusual for me to go to a home on the first visit and find

people quite anxious to have you there, glad that somebody came. I think if the reporting was, if not exclusively with BCS but closely identified, and the PR job that was suggested was done, that people who were in trouble with their children who are afraid that they might hurt them or afraid that they have hurt them might not only see BCS as the agency that handles the cases that are reported, but as a place you go to if you have this kind of problem.

ASSEMBLYWOMAN FENWICK: I think that is excellent. You know I am beginning to wonder in my mind, now that welfare has separated any payments made from the problems - the people who handle money in welfare are a separate group from the people who handle problems -- I am wondering very much if we couldn't kind of merge -- you see where I am beginning to move in my mind -- the public health nurse who knows something about medicine that the Bureau of Children's Service worker might not know, the welfare social worker, the Bureau of Children's Services worker, and they would notify the protective services when they feel that something more is involved. Do you see what I mean? Because there is something wrong about a family that would be receiving both welfare social work and Bureau of Children's Services normal work, you might call it. Why? I think we ought to have family social work - family courts - family social work. Just as you have those special forces of the police, riot police, you would have the intensive Bureau of Children's Services protective care on the 15 to 1 ratio - people trained to deal with protective services neglect. Then, of course, you would have the adoption part and that would be separate. But I think maybe we have some overlapping here and that we could improve services, consolidate and coordinate. I am thinking out loud, but I am so indiscreet by nature; I probably ought to be saying this just to the members of the Commission.

I think we might find some way of dealing with this whole problem if we took it for what it is: Children

are part of families and families are part of society.

Is Mrs. O'Grady here? Will you tell us your full name.

M R S. M A R I E O ' G R A D Y: I am Mrs. Marie O'Grady. I am here wearing a dual hat today. Unfortunately the President of the Bergen County Association had planned to be here too, but she is ill.

ASSEMBLYWOMAN FENWICK: What association?

MRS. O'GRADY: Bergen County Foster Parents Association. I am from the Hudson County Foster Parents Association.

It is kind of unfortunate to be here at the tail end of the day. Much that I have written down has been said. If you will permit me to at least read this, then I can go home and say I read it to you.

ASSEMBLYWOMAN FENWICK: If you want to read it to us, do so. If you don't want to read it to us, it will go right into the transcript. If you would like to summarize and comment feel perfectly free to do so.

MRS O'GRADY: Fine. I know it is the end of the day.

ASSEMBLYWOMAN FENWICK: My dear, don't say that, I'll stay till seven o'clock.

MRS. O'GRADY: I have a long way home. But I think it would be very quick because I really don't have that much to read.

For several years now I have been personally interested in child abuse. I initially became a foster parent because of a child abuse case. I had been taking care of children for a long time and then through the good services of BCS we had special permission to become foster parents, because we had a large family. I have been striving for many years to try and get to this point, to have some type of a voice in child abuse. We as foster parents, are very aware of the children and the abuse that they suffer at the hands of parents.

At this point I would also like to comment on a

remark that was made by a gentleman whose name I don't remember. But he brought out the abuse in institutions and this, I think, has been overlooked here today. There are serious matters as far as child abuse is concerned in institutions. People have come to me. I cannot verify this. I have no statistics. But we know these things exist. Unfortunately right in my own county this happens. Of course, I am sure most people are aware we have no children's shelter there. I know some people feel there isn't a need. But we as foster parents feel there is a need. Because when children are taken from the home for some reason, there is no place for them to go.

ASSEMBLYWOMAN FENWICK: Don't they go to that wing of --
MRS. O'GRADY -- of the medical center. No, unfortunately, supposedly it has been closed. People have told me it still does exist but mostly for the children of Jersey City. It doesn't take in the whole county. This is what I have been told.

What happens in Hudson County is that the BCS office has to go down a long list of foster parents and ask them, "Will you take this child?" Of course, when one will, they are taking this child in blind in many cases and the child is coming to us perhaps sick and with vermin, as happened to me. You really don't know what you are up against with these children and you don't know how they are going to act.

I would strongly suggest a shelter for at least 30, 60 or 90 days to evaluate the whole situation, to see if the child could be put back in their home, needs foster care, or ---

ASSEMBLYWOMAN FENWICK: What can you do about this maltreatment in the shelter that you speak to us of? You obviously know the situation so well and you have come up against exactly what we have come up against.

MRS. O'GRADY: One thing I would like to say here: Again I want to stress that this has to be hearsay because I cannot go in and verify it in any way. But in Hudson

I know many children are sent out to our Youth House, which really is no place for a child. They are subjected to indescribable things out there. I had one mother tell me exactly what happened to her son out there.

ASSEMBLYWOMAN FENWICK: This is a correctional institution?

MRS O'GRADY: It is for delinquents. Some of these children go in there and they are put in with narcotic addicts, homosexuals, etc. I personally don't feel that this is a place for them and our caseworkers have said so too. But sometimes they have to make use of whatever services are available.

ASSEMBLYWOMAN FENWICK: How could you be sure that a shelter wouldn't be bad? I mean, what can we do about this?

MRS O'GRADY: I am not saying a shelter is always good. I am saying a child should not have to stay in any shelter institution very long. I think they should be there just long enough to determine where they should go. Can they go back to their parents? Do they need a foster home? Or is this child available for adoption? These are things that I feel are important, talking personally.

However, there is another thing that I would like to bring out here. I am not reading my statement.

ASSEMBLYWOMAN FENWICK: That's all right.

MRS O'GRADY: There is one other thing I would suggest. I have heard people talk about this answering service. Of course, we have an emergency number which we are supposed to call. Any time I have had to call it, I have been fortunate. But sometimes - after all, these people aren't home. I would suggest - and this is an idea that I have spoken about to other people - having a male caseworker attached to the main Police Department in the city. When a case comes in on child abuse at night or on the weekends, this caseworker will be available to go right to the situation

and evaluate this whole thing right then and there. Do we take the child in? Is it just an accident? Is it just a moment's frustration or what? The paper work on this child I think could be done right there and then. They could dismiss the whole thing one way or the other without having to wait until, say, the next morning or boarding this child overnight any place. Many of the hospitals do not want to take these children anymore in Hudson County - I know this - because of the cost factor involved. Some of these hospitals are \$45 and \$50 a day. I think the State allows \$3 a day or \$6 a day.

ASSEMBLYWOMAN FENWICK: They are paying \$6, I think, here in Mercer County.

MRS. O'GRADY: I am not so sure on that. Sitting and talking to people is where I have gained a lot of information. I am not aware of legal things. I am a housewife; I am a mother. My concern is with children, any children, mine or anyone else's.

ASSEMBLYWOMAN FENWICK: Where do you live, Mrs. O'Grady?

MRS. O'GRADY: Jersey City. We have come all the way from there. Dorothy Fowlkes is the Treasurer of our organization. There were supposed to be five down here today, but unfortunately baby sitting problems and sickness dwindled our number.

ASSEMBLYWOMAN FENWICK: I know. Come on down, Mrs. Fowlkes, and sit here.

MRS. O'GRADY: She isn't feeling too well. She just had an operation.

But there is no sense in my going through what I have written.

ASSEMBLYWOMAN FENWICK: Give it to the secretary and it will be in the record.

(Mrs. O'Grady's written statement can be found on page 62 A.)

MRS O'GRADY: I am glad I was able to

at least get down because when I get back they are going to ask me about it all day.

We are very concerned. We have heard many things here today.

ASSEMBLYWOMAN FENWICK: But there was an investigation, as I understand it. The Freeholders set up a board to look into the question of establishing a shelter.

MRS. O'GRADY: Yes, we took an active part in that. It has come to a standstill as of this time. There seems to be a hangup between the State and the county authorities. This is what I was told by Mr. Fiori. It is a question of money which everything boils down to.

I think too what we have in Hudson County is a duplication of services. I don't know how it is throughout the State. We have a duplication of certain services and nothing as far as supportive services, such as home-maker services and family guidance. We need more of these in Hudson County.

I know more about my own county than I do any place else in the State. I think if we had perhaps additional home-making services, this would help to keep children in the home in certain cases. I think we need family guidance because there are many, many families that start out badly I think could be helped. Of course, you always have that small percentage, that no matter what you do for them ---

ASSEMBLYWOMAN FENWICK: Yes.

MRS. O'GRADY: I feel in these instances where there are children involved, they should definitely be removed and perhaps made available for adoption.

I have right in my home now a boy who was abandoned. As of this day, no one has come forward. There is no family.

ASSEMBLYWOMAN FENWICK: How old?

MRS. O'GRADY: He is 7 years old as of now. I have just found out that this boy is possibly retarded and it is going to take an awful lot of understanding to help him. He will need outside help and all. This is just one case.

There are many more.

ASSEMBLYWOMAN FENWICK: I know.

MRS. O'GRADY: We have foster parents who take care of children who are brain-injured. etc., and no one wants them, except us; we want them.

In our group the first question we ask anybody is: Which is more important, the child or the check? This is what we try to give them.

In my home and I know in Mrs. Fowlkes' home and many of the foster parents' homes that are in our association, it is love. When I go out and people ask me how many children I have, I don't say so many of mine and so many foster children; I say, I have so many children. If they want me to break it down, I'll break it down.

I can tell you this is what we are concerned with, getting good foster homes

ASSEMBLYWOMAN FENWICK: Does your organization cooperate with the Bureau of Children's Services in trying to find foster homes by saying, "I think so and so might do it"?

MRS. O'GRADY: We are steering toward that. We definitely are trying to. We would like to work more closely with them. We are a year old now and it is like growing up. We are finally finding our way.

ASSEMBLYWOMAN FENWICK: Because I think that would be a great service - not that you would be made responsible, but you would just be saying to Mr. Hollender, "I think we have found a couple of good ladies for you who really love children." Of course, that's the whole answer, isn't it?

MRS. O'GRADY: In Bergen County, the President has compiled a list of her own of mothers, foster parents, who have rooms available, how many children they could take, etc. Sometimes the caseworkers when they are in a bind will call and ask, "Do you have anyone available?" It sort of again cuts down on the time that the caseworker is involved searching and thereby frees her to do something else.

ASSEMBLYWOMAN FENWICK: Sure.

MRS. O'GRADY: I think that's about all I have.

ASSEMBLYWOMAN FENWICK: Would you like to say something, Mrs. Fowlkes?

MRS. FOWLKES: You asked what we might do in terms of institutions, what we can do about improving the care.

ASSEMBLYWOMAN FENWICK: Yes.

MRS. FOWLKES: My first thought is training for the people who work in those institutions because they are dealing with young lives that have to grow and develop. And I think we as adults who deal basically with children, with the care of children, are not informed or not as aware of their growth and development, their emotional feelings, as we might be. We seem to forget that they are individuals, that they have something to say, that they haven't grown and developed to the point we have of understanding right and wrong.

I think people who work in institutions - I don't care if they just sweep the floor - should be concerned about what kind of symbol they are in front of this child. I think that this is it.

We can't put children in institutions and have life so cut and dried that when they get outside, they don't know what it is all about. I think if you just had monthly training sessions and discussion with the staff.

ASSEMBLYWOMAN FENWICK: That is an excellent suggestion.

MRS. FOWLKES: They should be made aware of what makes a child grow and develop and be sensitive to why he does some of the things he does.

MRS. O'GRADY: I would like to add something. This brought to mind a case I had with a boy who had nothing really the matter with him but unfortunately he had been down in Bordentown in the school for retarded boys and he came to me. During the course of the time he was with me, we found he

was lacking in many things. Just living in the community was too much for him and he needed help. As a result of this, to get him help, I had to go to court and get a certificate of incorrigibility against him, and he was placed at the Youth House for about five or six weeks before he could get to Menlo Park Diagnostic Center. He was returned from there to the Youth House because definitely he could not come back to us; he had to be with people who could help him develop until he got into a good training school.

Let me tell you this bothered me terribly because this boy will have that mark on him. He really was not incorrigible. He was a lovely boy. This is what aggravates us when we have to deal with these children in this way. They have enough against them without this.

ASSEMBLYWOMAN FENWICK: The whole problem is that we are dealing with categories instead of people. We have a system whereby we say this is a perceptually handicapped child. Then that child is put into a category and we deal with a category whereas we ought to be dealing with small groups of individuals.

Thank you both very much for coming.

Well, Mr. Olsen, have you been inspired by these ladies and wish to comment further?

DR. BOEHM: I would like to say a couple of words. The testimony that these two ladies have given I think is so important because it points up one area of abuse, of neglect, that is extremely important in New Jersey, and this has nothing to do with parental neglect - community neglect is even more reprehensible than parental neglect - and that is the fact that we have no licensing law for child care institutions in New Jersey. There is kind of a vague right of supervision that the Bureau exercises with no teeth in it. It is ineffective. They have no power to discontinue the services of an agency. Even this vague right of supervision has many exceptions. For example, there is no right of supervision over agencies and institutions sponsored by

religious groups, by fraternal organizations and a few others. The Blum Report itself pointed out that there are many institutions where the care is substandard and, in fact, often harmful. But unlike most states we have no licensing law for these institutions. As I said, this is real community neglect. Sometimes these children are put there by parents, sometimes they are taken in by the religions group as an act of ---

ASSEMBLYWOMAN FENWICK: I tremble when you bring up the question of closing down religious institutions.

DR BOEHM: But without a licensing law with some teeth in it, we really have no control over what goes on in many of these institutions.

ASSEMBLYWOMAN FENWICK: No. That is true. I have written that down - inspection and teeth in the law.

MR. OLSEN: I would like to comment on the discussion as to the law enforcement aspect; that is, using the social worker as a prosecutor. I for one would like to hopefully clarify what seems to be a misconception in this area. I might add that I was a policeman in New York City for 20 years, in addition to being a social worker for 25 years. There is an overlapping there. I hope you can see that. So I can talk from the experience of being both a police officer and a social worker.

ASSEMBLYWOMAN FENWICK: Right.

MR. OLSEN: I have had a lot of close contact with the New York City Department of Social Services and the system under which they operate and it seems to function very well; that is to say, when a DSS worker finds herself with a situation which seems to be one where the court is indicated, she then consults with her supervisor on this point and they call in the department's attorney and discuss the merits of the case. On the basis of this conference, a decision is made whether or not to proceed with the prosecution of the case.

ASSEMBLYWOMAN FENWICK: Mr. Olsen, do I understand you to say that the DSS - in this State the Bureau of

Children's Services - would be one one to institute the suit against the parent if they thought it necessary?

MR. OLSEN: That's right.

ASSEMBLYWOMAN FENWICK: Doesn't that destroy the ---

MR. OLSEN: This is heresy, I know, in social work practice, but I think a social worker has to act like a grown-up individual and be less concerned about this relationship. I know the point was made before of a lost court case, meaning an uncooperative client. To begin with, that client was uncooperative anyway before you got to court. I don't think you have lost a client because you have lost a court case too.

I think what we are concerned about here primarily is that child and we shouldn't be worried so much about parents who are lost as clients. I notice this is one of the things that I have heard through this whole discussion this afternoon, that we are beginning to lose sight of the child. We began to get away from the idea of getting services to this child as quickly as possible - first of all, case finding. We had a previous speaker who seemed not to consider case finding as very important. I certainly challenge that. I think what we have to do is to find the cases and then immediately investigate them and see whether or not we have something here with which to work.

Now all cases are not battered child cases. I think there ought to be a clear understanding of what a battered child is. In the total of all reported child abuse cases, only between 12 and 15 per cent are battered children. Battered children, of course, are those who have broken bones and lesions, etc., which medical x-rays reveal. Many of the children have bruises and things of that sort. Many also show severe neglect, physical and emotional neglect. These are also abused children and these are the cases that are extremely difficult to prove in a court of law. But the fact of the matter is if you report this to BCS Protective Services, they could go out immediately within 24 hours and begin to give services to that child and that family.

ASSEMBLYWOMAN FENWICK: Right.

MR. OLSEN: -- on the basis of not a battered child or severely beaten child, but on the basis of other symptoms that that child is showing. The essential thing is to find the child and treat him.

ASSEMBLYWOMAN FENWICK: The essential thing is to find the child. That's it. Then you decide what you have got.

MR. OLSEN: Exactly.

ASSEMBLYWOMAN FENWICK: To do that, you have to be trained because the children that we are interested in are not just the ones with the broken legs, but the ones who may be tied to the bed, as someone testified here today.

MR. OLSEN: Exactly. The ones who are starved, the ones who are cold. I had a case in Brooklyn, for example, where a mother would put a child on the roof of a vacant apartment house in the wintertime to punish the child. That is not a battered child, you see, but that is certainly an abused child.

ASSEMBLYWOMAN FENWICK: You know it is terribly difficult, Mr. Olsen. I had a friend, a wonderful woman, and when her child was unruly and difficult - and he was - she put him in a box stall in the stable where she couldn't hear him. Now it sounds awful. This is the difficulty. If they had absolutely no money at all, if they hadn't lived on a farm way out in the country, if somebody else had been able to hear that child scream through the window of the barn, she would be in court.

MR. OLSEN: Right.

ASSEMBLYWOMAN FENWICK: Now that child is a pediatrician in Roosevelt Hospital. You see? So you do have to be trained, all right, it's not an easy situation, is it?

MR. OLSON: There was a previous mention of budget, and great emphasis on the fact that BCS doesn't have sufficient budget. With that, I certainly heartily agree. Despite that fact, I gathered in that discussion there was a subtle reference because of the fact that BCS did not have adequate

budget that the law still may be designed to refer children to the County Prosecutor or to some law enforcement officer. Perish the thought that should happen just because of the matter of budget. We still have to return to the idea of finding the children and serving these children, no matter what it cost.

ASSEMBLYWOMAN FENWICK: I agree.

MR. OLSEN: Somebody will have to come up with some money somewhere to provide the necessary services for the kids.

ASSEMBLYWOMAN FENWICK: What do you think of the suggestion that developed during the afternoon of having a family agency and having a special section of intensive surveillance and diagnosis for the aggravated neglect and abuse cases?

MR. OLSEN: I think that sounds wonderful. It is so wonderful, that it is impossible to achieve.

ASSEMBLYWOMAN FENWICK: It will never happen.

MR. OLSEN: I don't think it is at all practical to expect that. At one end of this spectrum of DCS there are no services at all really -- I mean, no budget. Because they have no budget, they can't really execute the services that they should be doing. And this is no indictment against DCS, please understand. On the other hand, to have the wonderful possibility of having this team work, this is just unbelievable.

ASSEMBLYWOMAN FENWICK: What I am suggesting is that all those welfare social workers are duplicating family service and there is an enormous saving to be effected. Because if we could get into a system of not categories -- you know this multiple servicescenter at Hamilton that somebody here referred today, something that I have been hoping for for three years. When Ylvisaker was here in Community Affairs, I had hoped to get something started along those lines - I was going to call it Human Services Agency, but Multiple Services Center is better - to which people could go and identify a person who would be their friend and helper,

who would be able to certify, "yes, there is an aged blind mother there," so the Bureau of the Blind didn't have to investigate. We are overlapping, Mr. Oisen. There are enormous expenditures in these fields and they are not pointed in any particular direction. There is no cohesive family help. A homemaker is an obvious necessity. The mother is carried off to the hospital. The father is working. Somebody has to come in and cook. It is much better to have a homemaker service than to scatter those children all over the face of the town.

MR. OLSEN: Your reference to homemakers brings something to mind in connection with my 3-year study and, that is, as part of the services that state departments, city departments or county departments provide for abused children, very, very few of them use homemaker service as one of their services.

ASSEMBLYWOMAN FENWICK: Why is that?

MR. OLSEN: I don't know why - whether or not they never thought of it or whether they didn't think it was appropriate or what the reason was. But there was little use of homemaker services in connection with the treatment of abused children.

ASSEMBLYWOMAN FENWICK: In my county, which is Somerset, we have a very good family counselling service; we have a very good homemaker service. We have, of course, the welfare department under a very capable woman, the best in the State we think. You probably know her. She is a wonderful person. Then, of course, we have the Bureau of Children's Services and there is a lovely woman there with whom I have been communicating. I can't remember her name at the moment. It seems to me we ought to be all getting together. I think where we have private agencies, if they are properly run, we could have purchase of care. Then the State, where there are proper private agencies, should have a corps of highly-paid and highly-trained inspectors who would have teeth and powers under the law. Because there is no point in setting up

duplicating state agencies at vast expense. We need a restructuring.

MR. OLSEN: Absolutely. You really have to sit down, scratch hard, and come up with a plan.

ASSEMBLYWOMAN FENWICK: My head is buzzing.

MR. OLSEN: I would like to return to the point about law enforcement. There seems to be, as I said before, a lot of concern over law enforcement. The present law is a punitive law. It has to be punitive when the initial report goes to the prosecuting attorney. The idea primarily is to prosecute, not primarily --

ASSEMBLYWOMAN FENWICK: -- to protect the child. I agree with you.

MR. OLSEN: So this is something in all your discussions I would certainly urge you don't lose sight of. But I do think because of the amount of concern indicated this afternoon, that a BCS district office which received a report of child abuse could conceivably either Xerox that report and send a copy to that county prosecutor for his information and guidance or action or do what they do in Maryland where they have a system of writing up a report and within ten days submitting it to the State's Attorney General for his information and action if needed. Perhaps this would satisfy this group which feels that law enforcement is imperative.

I think a law enforcement agency ought to be aware of what is going on and on the basis of what they read, they can decide whether or not to pursue it further and see whether or not they have a prima facie case. If so, then they can begin to take steps to bring it into court.

It seems under the present system an awful lot of the county prosecutor's time and staff is taken up and the child is lost in the shuffle.

ASSEMBLYWOMAN FENWICK: Suppose we have this team of the policeman going out with the Bureau of Children's Services

person. Maybe as part of his routine report of activities, without deciding at that particular moment whether or not it is a criminal matter, he just reports that to his superior and then it would go to the Attorney General's Office or the Prosecutor's office, whichever was decided, not as a criminal matter necessarily but as an activity matter, as a roster of what went on during that day. Do you know what I mean?

MR. OLSEN: I think that is an excellent idea. The only problem with that idea is you are involving people and people are subject to budgets and cut budgets. But if we have a system which is set in the law, the people will have to go according to that system and follow it through. If the system was that a report received at a BCS district office - that a copy be made of it - or a report was made within, say, ten days to the County Prosecutor as a regular systematic way of handling them, this would go on and on and on and you could still have this team handling of a case --

ASSEMBLYWOMAN FENWICK: I think you are right.

MR. OLSEN: (Continuing) -- and team handling only without the other part of it in a regular system, you would be losing the effect, I think.

ASSEMBLYWOMAN FENWICK: So the copy of the report to the registry should be sent to the Prosecutor's Office or the Attorney General's Office, whichever is decided upon.

I am sure that we are going to run into that because we have heard today, of course, from a great many people who are very social work oriented. I think we have perhaps, except for Lieutenant Lee, forgotten there are great sections of people who would very much resent the law being left out.

MR. OLSEN: There is one other point I want to make. I guess I am taking an awful lot of your time. As I worked along with the reports in this State, I discovered that a large proportion of the reports resulted in a late reporting to the District Office, many months later.

ASSEMBLYWOMAN FENWICK: What do you mean? Do you mean from my town, for instance, to the district office of my county?

MR. OLSEN: Let's take a situation where there was a report of child abuse to the County Attorney. Then the machinery started to turn and he referred it to a local department and then there was a report made, etc. It may have been months before the RSU got this report. In the meantime, there was no referral made to BCS for services. This is one of the very serious situations which I thought should be rectified.

ASSEMBLYWOMAN FENWICK: That is very good. I can see how that would happen.

Thank you very much, Mr. Olsen.

(Addressing man in audience) We haven't heard from you? Do you want to say something? Come on down. Would you tell us your name?

H O W A R D S. H A U S M A N N: My name is Howard Hausmann. I am an Elementary School Principal in New Jersey.

It is terribly difficult, Mrs. Fenwick, for anyone interested in children to sit through such testimony and not have a response.

I certainly don't envy you your position to have to sit in judgment of such excellent testimony. It has been most interesting.

I would like to say that the portion that probably interested me most was part of the testimony of Mr. Cosgrove when he touched upon the possibility of using a social service team. I hope that your committee investigation would not overlook the possibility of the public school system in the State of New Jersey to offer assistance to these children.

ASSEMBLYWOMAN FENWICK: Through the child study teams that they have?

MR. HAUSMANN: Yes. Many school districts in the State are developing child study teams. These include the

school psychologist, the school principal, the school nurse, the school teachers.

I think some of these salaries are paid in part by the Federal government and by the local school district. We have in the State county cooperation through rescue squads and fire departments, etc., interested in saving life and property. I just wonder if the possibility exists that some of these school districts would lend their personnel to the county services, the Prosecutor's Office, the Bureau of Children's Services, etc., so they might bring the expertise of many fields to bear here.

ASSEMBLYWOMAN FENWICK: It is interesting that you should bring this up. In my own county, Tuesday I spoke to some of the police in one of our towns. A child had tried to attack a teacher with a pair of scissors. It was a child study team that delved into the problem and found the most outrageous child abuse going on at home. So it is happening. You are absolutely right. It is a very rich source of information and help.

MR. HAUSMANN: I would agree, Mrs. Fenwick. With some 70,000 public school teachers in the State of New Jersey, I think therein lies a great deal of source material, a great deal of input. Because certainly we in the public schools know which children are dirty, which children are hungry, which children come to school after an absence with curious injuries, curious marks.

May I say this too? As a public school official who is somewhat outspoken too, I am somewhat reluctant to come forth. I could say some things that people could identify with and I am not so sure that I would want to get involved.

One of the things also that I agree greatly with is this broader immunity. And if we can approach this with a less punitive but more social-help kind of approach, I would like it. I think that there is a great deal of work

that needs to be done in the field of education, in the school systems, in the teacher training institutions of this State, etc. I think a lot more people would be less reluctant to come forward in these child abuse cases if they thought they were being helpful rather than blowing a whistle so to speak. I just think there is a vast amount of human resources out there who are interested and who would become involved if the correct public relations program were presented and if we fully utilized those services that are available to us on the local school district and Federal level.

ASSEMBLYWOMAN FENWICK: What school district do you teach in or would you rather not go into it?

MR. HAUSMANN: Yes. I am with the Washington Township school system in Gloucester County. I believe there are five Washington Townships in the State of New Jersey.

ASSEMBLYWOMAN FENWICK: Are there many cases, do you think, of child abuse down there?

MR. HAUSMANN: Well, there certainly are more than 85 in the State in a year's time. I am certainly sure of that - some to greater and lesser degrees. But a child for the most part is voiceless. There is nobody on earth that a child loves and respects more than his mother and father. And he is rather voiceless. He has only the experiences of his years. Many times children may not fully understand the punitive measures taken by mother or father, but they are perfectly willing to accept them coming from mother or dad.

ASSEMBLYWOMAN FENWICK: That is true.

MR. HAUSMANN: That is a very interesting story you related about the pediatrician today. I am sure he has some after-thoughts of how he was treated as a child and I think probably in his position as a pediatrician today he uses that wisdom and uses it wisely.

I am just terribly interested in the testimony today and I certainly congratulate you.

ASSEMBLYWOMAN FENWICK: It has been an interesting day.

MR. HAUSMANN: Yes, it was. Thank you for the opportunity.

ASSEMBLYWOMAN FENWICK: Thank you, Mr. Hausmann. It is wonderful to find so much concern for our children. That is really, you know, the awful truth. No matter what laws we devise, in the long run that is all we can depend on.

MR. HAUSMANN: Human resources.

ASSEMBLYWOMAN FENWICK: Absolutely. Thank you. There being no further witnesses, the hearing is adjourned.

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STATEMENT SUBMITTED BY MRS. MARIE O'GRADY

I am here today, not only as a representative of the Foster-Parents Association but as a mother, who also wears the cap of a foster-mother. It is difficult to tell the difference between the two.

For several years now I have been personally interested in child abuse, in various forms and stages, and the more I learn, the more I become convinced that it is not the individual child abuse case that riles me as much as it is the machinery which allows this to persist that I cannot fathom.

In reading over Bill 747, I began to realize that much of what was written had already become a part of law in some way. A question that arose in my mind was: "Why the repetition?" Why is it necessary to repeat something, to modify, add to or detract from, if the system by which we live does not enforce the laws already on the books. Any law is no better than the paper on which it appears if no one chooses to enforce it.

I cannot claim to be experienced in matters of law, for above all, I am just a mother and housewife, and must content myself with speaking to people who are in the know. Therefore, I do not intend to bore anyone with already existing laws or statistics. I will tell you this, however, that my observations and those of the people in our organization have proven conclusively, to us at least, that State and local agencies, social, law enforcement, hospital, doctors and so on, are not doing their jobs effectively - lack of personnel to handle investigations, doctors who refuse to testify, policemen who are not completely aware of their duties, hospitals who do not want to get involved in paperwork. I could go on quoting all the inadequacies, but I'm sure you get the picture.

Meanwhile, at the bottom of it all, is the child, battered, bruised and broken. And society looks on, shrugs its shoulders and says, "What can we do? What can we do?"

I would like to take this opportunity to quote something from a book by Howard James, called "Children in Trouble." I quote: "It is hard to believe but in many parts of the United States a better job is being done in meeting standards for the care and treatment of animals in zoos than for the care of children." (Unquote.)

Society cries when a monkey is sent into space or animals are used as guinea pigs in laboratories aimed at saving human life, but the bleeding body of a child stirs no one.

When we talk of the abused child, we naturally think of parents or guardians performing this sick task, but what of our so-called institutions. The greatest form of abuses on children takes place in detention homes, training schools, shelters. According to Mr. Milton Luger, President of the National Association of State Juvenile Delinquency Program Administration, "It would be better for all concerned if young delinquents were not detected, apprehended or institutionalized. Too many of them get worse in our care."

Children are literally locked up to protect them from their parents who are on the outside because there is no better way to handle the situation.

And then, of course, there is mental abuse. I would ask here, "How do you define mental abuse?" In court, how does a judge determine when a child has been mentally abused? It would take a complete evaluation team to even begin to comprehend the extent of damage to a child's mind.

Our association would like to go on record as offering the following points which we would strongly recommend and support, providing, of course, that local and State authorities enforce all laws regarding children.

1. Re-instruction of all law enforcement agencies in the exact duties and procedures to be following in handling a reported child-abuse case.

2. Attack and make use of male investigators in the BCS offices.

3. Make it mandatory for doctors and hospitals to

report all suspected child-abuse cases.

4. Our last recommendation would be the most valuable of all: Attach a caseworker, preferably a male, on a rotation basis, nights and weekends in the main police headquarters. It would mean an on-the-spot evaluation can be made of the entire situation, necessary paper work can be completed, the child (or children's) needs can be seen to immediately.