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Perspectives on Child Maltreatment in the Mid '80s

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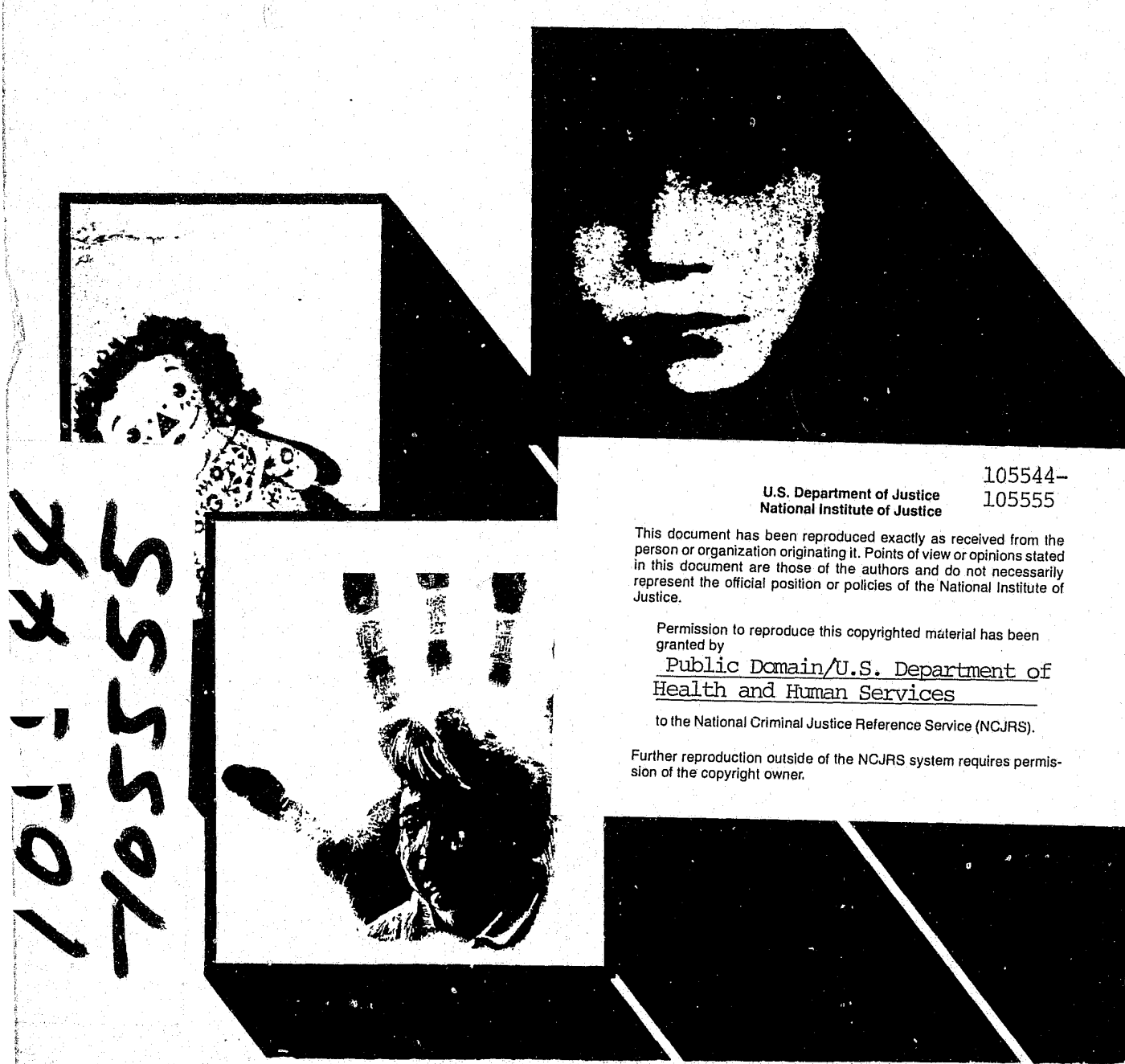

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Programs and Projects

Working Together to Treat Adolescent Abuse: Community Agencies Form A Consortium

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A consortium of public and private social and health agencies and private practitioners has served abused adolescents in St. Paul, Minnesota, for one year. The service model works; it meets current demands for lower cost services, minimal government participation and increased public-private cooperation, and it can be replicated in other communities. This article explains how the consortium developed, how it is structured and how it works to provide services to abused adolescents.

Brief History

In December 1975, the National Institute of Mental Health (NIMH) co-sponsored a 2-day "Workshop on Adolescent and Youth Abuse and Neglect" at the University of Minnesota.[1] Soon afterward, NIMH funded a small demonstration program to develop ways of providing services to these youths. The projects also examined the similarities and differences between the phenomena of child and adolescent abuse and neglect.

Ramsey County (St. Paul, Minn.) received one grant and created an adolescent unit in Protective Services, which worked directly with the county Child Abuse Team (then directed by Shirley Pierce). Face to Face, a private St. Paul youth agency offering health and counseling services, began direct services using its own and some county funds. Its director, Nan Skelton, emphasized public education about adolescent abuse and neglect and developed posters and flyers. She talked to young people in the schools and to parent groups and supervised the making of a video presentation in which adolescents talked about their own physical and sexual abuse.

Later federal support was directed to linking abuse services with programs for runaway youth and to enhancing efforts to document and understand adolescent abuse and to finding models of direct service.

St. Paul agencies participated in some of these efforts, as did several other agencies in the metropolitan St. Paul-Minneapolis area. As a result, an awareness of the phenomena of adolescent physical and sexual abuse existed in the community, service models were designed and direct care was offered.[2] All of these experiences made possible the creation of the interagency consortium when public policy and public funding changed.

Public Policy Changes

Profound changes in public policy at all levels have occurred during the last two years. In the domain of socio-health services, emphasis has been on a dramatically reduced governmental role, with a concomitant diminution in public program funding, service evaluation and regulation. The private sector was expected to fill some areas where government used to be and initiatives by private individuals, groups and organizations acting voluntarily and in concert were to be the source of new policies, funding and accountability.

Ramsey County, like other governmental units, reexamined its funds, fiscal sources, public needs and wants, and the capacities of others to meet them. Here, as elsewhere, processes were created to change public priorities and to redirect and reduce public spending. Many in the human services fields feared needed services would be harder to deliver; many foresaw a shrinking human services system and the possible death of their own agencies. Many worried about their jobs and futures. This climate of mourning was the environment in which the consortium was envisioned and created.

This climate, however, also afforded an opportunity to highlight the values and achieve the goals of "integrated services," of "agencies working together to provide services," of the uniting in common cause by public and private agencies, together with private practitioners. The crisis legitimized the efforts of some to organize a consortium so that direct services for at-risk and abused adolescents could continue.

The Consortium

What is the consortium? As described in the proposal to Ramsey County to partly finance the Consortium of Child and Adolescent Abuse Services, its purpose was to develop an integrative, cooperative interagency network that would provide services to abused and neglected children, adolescents and their families.

The group of community service agencies would demonstrate "that community agencies can work together effectively and efficiently and, in turn, can work in these same ways with public agencies" and it would support Ramsey County "in its attempt to meet our community's abuse and neglect problems."

Consortium members pointed out how the county would benefit by allowing this model to be tried:

- The County Board could contract for service and gain a large resource network for a dollar outlay *less* than the then current county dollars allocated for abuse services.
- The consortium model would demonstrate that during this time of radical political, economic and social change, a model of *cooperation* between and among service organizations could reduce administrative overhead and more effectively serve a specific risk population.
- If the consortium and county could make this agreement work, it could serve as a model that could be replicated locally.
- Where there is potential for abuse, children and adolescents would have access to an intervention and treatment system that would begin to reduce the cycle of abuse and neglect for the residents of the county.

Finally, it was expected that a close fit would be made with the county's abuse/neglect plan and activities. The consortium would allow the county to focus services on a population with urgent needs, thus freeing the county's own resources so that county protective services could more effectively meet the highest priority cases.

It would offer a comprehensive coordinated secondary referral source and also serve as an early identification system for protective service referrals. Finally, by working in conjunction with county protective services, the consortium would expand the county's child abuse program Consortium Members.

The private agency members are Face to Face, a community youth agency with a history of work with abused adolescents; North End Rice Health Center, a community agency without an exclusive youth focus; Lutheran Social Service, a major private social service agency; and two local hospitals that have long been a basic unit in the cour' 's child abuse network, Bethesda Hospital's Crisis Center and Children's/United Hospitals. The two public agencies are St. Paul Central High School and the Ramsey County Nursing Service. (The latter is staffed by public health nurses who do home visits.) The private practitioners include a psychiatrist (who directs, on a part-time basis, the hospital crisis center) and a psychologist with long experience in the child abuse field.

Each agency member was asked to participate because of previous involvement in adolescent abuse, because it employed individuals with particular skills or a history of work in abuse and/or because it had the specific resources needed—the schools, for example, had a "captive population" of youth, while Lutheran Social Service already had groups for wife abusers and a counselor who worked with adolescent, female prostitutes.

A small group concerned with these issues had orignally met with the director of each agency to discuss the proposed model. The model was presented as an emergent idea which would be given conceptual form by members and actual form in the day-to-day provision of services.

A service plan with client projections was agreed to and this was the basis of a grant proposal to the Ramsey County Board, which approved a grant of $63,000 for one year of services to about 300 adolescents (and their families). This is approximately 21,000 to 22,000 total contacts between agencies and clients, ranging from case-finding to after-care services. Included are acute cases closed by the Ramsey County Welfare Department and referred for longer-term care. Each agency and practitioner offers one or more of these services and, most important, once a client receives a service from a member agency, all the serices of other members are available without cumbersome referral. This is one of the contributions members make to the consortium. Member contributions more than match county funds when staff time, office space, travel and the like are added in. In this way, the county grant is increased and more services can be given per public dollar. In 1981, the consortium was a potential model. It became a real system in 1982.

Intake can be done by any of the seven member agencies. The intake agency is expected to sit with the

referring agency to insure that the reasons for referral are clear and to include that agency in a service plan, when appropriate. The intake agency decides whether it can do an assessment and if it cannot, the agency can ask any consortium member for assistance. This help is immediate. If consultation from other members is requested by the intake worker, he or she is responsible for insuring that this is given, quickly. The consultant meets with the intake worker to review findings and to plan services. Throughout the process, emphasis is placed on joint working relationships.

To insure this, a part-time coordinator is available to members who need help in using the consortium system or any outside service system. She is the consortium's "problem finder" and "problem solver": she explains to staff workers of member agencies how the system should and can work and describes her roles as "trouble shooter," system monitor and coordinator between the consortium and other local human services systems.

Six-Month Evaluation

The contract between Ramsey County and the Consortium stipulated four evaluation outcomes by July 1982:

- Consortium membership will assess for appropriateness 100 percent of the referrals from Protective Service and will accept 60 to 75 percent of the referrals.

  CPS referred 20 adolescents to the consortium. All were assessed for clinical services ("appropriateness"). All 20 youths were accepted and given clinical service.
- Of the CPS intake referrals made to the consortium, the consortium will reduce the percentage of cases that reappear with a substantiated abuse according to the following timetable (expectancy to be determined upon receipt of CPS data regarding this): July, September and December, 1982.

  Of the 20 youths (100 percent) referred by CPS to the consortium between January and June, two were sent back to CPS because of a new abuse incident. (Data through September are currently being analyzed.)
- Of the consortium clients who are high risk for abuse but inappropriate for reporting to Protective Services, the consortium will ensure that no more than 20 percent appear in the Protective Services system with a substantiated abuse.

Of the 296 adolescents and parents served in the first six months, seven were referred to CPS for an abuse incident. Of these, all seven adolescents were cases of substantiated abuse.

- Consortium membership will report 100 percent of all suspected abuse cases to Protective Services.

The consortium reported seven (100 percent) of all suspected abuse cases to CPS.

Using other data, the consortium provided 2,834 units of service between January and June 1982 at a total cost to the county of $23,710. It did not bill for 1,778 services in that period provided to Ramsey County residents. Consortium member agencies also provided 466 administrative hours toward the development of the consortium system at no cost to the county.

The county agreement also stipulated that at least three new agencies would be invited to participate, and discussions have begun with a local maternal and infant care project serving pregnant adolescents in the public schools, a local hospital (not currently a member), several youth agencies and a health agency affiliated with a settlement house serving the black community.

Recently, the county agreed to fund the consortium through 1983 at almost the same level—$60,000—as the original grant.

On another level, the consortium works for its members by providing an opportunity to meet regularly and to work together on common issues. Beyond these practical ends, members have a sense that *some* things can be done if they join with others. The experience seems to be a source of optimism for the members. Membership in a viable group has personal rewards beyond those associated with work. This is well known although often forgotten when organizing services. For example, more than 10 of 11 consortium workers responded to a midyear survey by agreeing that services for clients and work with colleagues had improved during the period. All workers reported improvement in their effectiveness because of the consortium.

As a model of services, the consortium has rich potential for diffusion into other areas—in services for pregnant adolescents, for example, or for juvenile delinquents.

The relevant scholarly literature on interorganizational relations, agency interaction, agency networks and systems of human services agencies suggest some of the potentials of and the barriers to the creation of such a service system. Need led us to test theory, and the result is a viable model of adolescent services.

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[1]See "Violence Towards Youth: Themes from a Workshop" by Jane Berdie, Michael Baizerman and Ira S. Lourie, CHILDREN TODAY, Mar.-Apr. 1977.

[2]See, for example, "Adolescent Prostitution" by Michael Baizerman, Jacquelyn Thompson, Kimaka Stafford-White and An Old Young Friend, CHILDREN TODAY, Sept.-Oct. 1979.

Some Case Studies and the Consortium

Without the consortium, many adolescent abuse victims and potential victims would "slip through the cracks" in the system. The commitment between the organizations within the consortium allows each member speedy and immediate access to the multiplicity of services needed. Not only does the consortium make available direct services and funding for the victims and their families; it provides support for the workers themselves. The resources and commitment of other consortium members make it possible for individual workers to handle very difficult situations.

The following case studies are representative of the abused clients served by the consortium. These clients agreed to share their histories; their real names have not been used.

Beth

Beth, age 19, was a prime candidate to continue with her own children the abuse cycle that she had learned as a child. Her parents often fought and were separated when she was quite young. From the time she was seven and until she was nine, she saw her two pre-teenage sisters being sexually molested by her mother's live-in boyfriend. Beth escaped sexual abuse because relatives became aware of the situation and got the boyfriend out of the house. Beth's sisters went on to become prostitutes at an early age.

When Beth was 14, a neighbor in his late 20s, a photographer, persuaded her to come to his house to model for a "fashion magazine." When they got to his studio he began to beat her and chase her around the house. At knife point, he violently raped her—anally, vaginally and orally.

The rape was never reported. The mother blamed Beth, a typical response from this type of passive mother.

The abuse damaged Beth's self-esteem, violated her self-respect and damaged her trust in people, especially men. She has continued to carry around with her a built-up anger and rage.

Beth was married at age 16 and had two children within the first three years of marriage. Her husband verbally and physically abused her to the point that her face is permanently disfigured, then deserted her. Beth decided she couldn't take it anymore. She was frightened, anxious and depressed and had difficulty functioning in her job. Afraid that she might abuse her own children, she sought the help of a member agency within the consortium.

The social worker in charge of Beth's case called upon other consortium members for services. Visiting nurses have provided education within the home to teach Beth how to care for her children and their health has improved.

A visiting nurse and her husband have volunteered to be parent substitutes to Beth so she now has the support of some stable adults in her life.

Other consortium members have provided the social worker with support and collateral consultation. They also have provided services or links with other organizations for other members of Beth's family.

Through therapy, Beth is beginning to be able to take charge of her own life and end her role as victim. She is beginning to recognize the rage inside her and is learning to effectively deal with it. She is aiming for a productive, meaningful life for herself and her children.

Through the combined efforts of consortium members, Beth has had the resources to help her change her life. There is every reason to believe the treatment of Beth's psycho-sexual problems will be successful and that the pattern of abuse will be halted.

Andrea

Andrea, 17, has been a prostitute since she was 13 years old. Her parents are divorced, and her father had

Andrea legally declared an emancipated minor. Hence he does not have to pay child support. She has lived with her mother off and on. Her mother is afraid that Andrea is a bad influence on her younger sister, and she is also tired of being "ripped off" by Andrea every time she decides to return to hooking in the street.

Andrea wants to "do life differently." She's been kicked out of her own mother's house, been beaten by her pimps and customers and she doesn't know how to live a straight life away from the streets.

Teenagers like Andrea don't ask community agencies for help. They're scared and they distrust authorities. A street social worker in the consortium found Andrea.

Andrea had never been busted, so she doesn't fit into any system. She needs shelter, food, medical care and counseling. But she doesn't qualify for aid under the adult or juvenile systems. She's pregnant, depressed, suicidal and helpless. But she now trusts the street social worker and others within the consortium who are trying to help her. Through the consortium, she has been provided medical care on an outpatient and inpatient basis, psychiatric care, food, shelter and counseling from the social worker.

Andrea's pregnancy was not deliberate but a subconscious move to get her out of prostitution, to help her keep a man to replace her hooker identity with a mother identity.

Society sees adolescent prostitutes as criminals, but the consortium sees them as victims. In cases like Andrea's, the consortium is trying to help these adolescents learn to live a normal life and prevent their children from being abused.

Andrea, with a 9th-grade education, has passed the GED and now is applying to school so that she can learn a skill and be self-sufficient.

Carl

Carl's dad was a chronic alcoholic who abused his wife and children. After trying for years on her own to protect the children, his mother obtained a court order to get him removed from the house for physically abusing Carl, age 17, and his younger sibling.

The mother sought counseling from an agency within the consortium that she felt would be sensitive to her religious values. After a few sessions of family therapy, the social worker realized that Carl needed a psychiatric evaluation. He seemed depressed and withdrawn during the counseling sessions and had become good at hiding his feelings.

The psychiatrist discovered that Carl had virtually been destroyed spiritually and physically. He was in extreme emotional pain, was delusional and hallucinating and spent hours on end in his room abolutely motionless. Because of his odd behavior he had also become a scapegoat at school. Carl was contemplating suicide.

Carl was hospitalized under the care of a consortium psychiatrist and drug therapy was instituted. He was transferred to another hospital within the consortium for specialized adolescent psychiatric inpaitient services. gradually, Carl has become more responsive and doctors feel that he may not have been psychotic but probably was gravely depressed. He'll be transferred to a residential center to continue nurturing his self-esteem and health. His mother also is undergoing individual therapy as well as family therapy with Carl and his sibling.

The consortium network made it possible for the social worker to have immediate access to a psychiatrist and clinical psychologist for prompt diagnosis and intervention. Thus, a suicide was probably prevented.

Veronica

Two years ago, when she was 14, Veronica accidentally discovered that her father and older step-sister engaged in sex. Unbeknownst to Veronica, his incestuous relationship had been going on for 3-1/2 years. (The father has served time in jail and is now back with the family.)

Veronica was not sexually abused, nor was her younger sister. But siblings of abuse victims often are neglected within the organized public systems because attention is directed to the victims and the abusers. However, siblings of abused victims often manifest the identical behavior problems of an actual victim.

Veronica began to rebel against her parents and the school, and she became self-destructive. Her family model had not taught her how to deal effectively with her feelings, and her anger towards her father and stepsister manifested itself in destructive behavior. Both Veronica, now 16, and her younger sister, age nine, are potential victims of physical and/or sexual abuse and are potential abusers of the next generation.

The consortium arrangement provides the resources necessary to intervene in an effort to break the abuse cycle. Consortium agency members have cooperatively provided individual counseling to Veronica at school and at the community clinic to help her appropriately deal with her feelings in a nondestructive way. Psychological and psychiatric services have been used by the social worker for collaborative consultation, testing and co-therapy with family members.