

A FOSTER HOME
FOR
ABUSED AND NEGLECTED CHILDREN
OF THE PASSAMAQUODDY TRIBE

January 21, 1992

William E. George

NEW HAMPSHIRE COLLEGE

George, William E.

FINAL PROJECT REPORT,

A FOSTER HOME FOR ABUSED CHILDREN

OF THE PASSAMAQUODDY TRIBE

A. DEFINITION OF PROBLEM.

The National Center of Child Abuse and Neglect reported 2.6 million incidents of maltreatment in 1990 in the United States. Of these, 20 percent were physically abused; 15 percent were sexually abused; and the remainder were neglected children cases. It is estimated that 10 percent of pediatric patients examined in hospital emergency rooms for treatment are child abuse victims. Approximately 4,000 of the incidents resulted in death, it is one of the leading causes of death among young children; only sudden infant death syndrome and accidents out-rank child abuse.¹

Child abuse, a disease, is "a pattern of abnormal parent-child interactions" that results in non-accidental injuries

¹ Lawrence R. Ricci, Child Sexual Abuse: The Emergency Department Response. American Medical Association: Washington, D.C., 1990, Vol: 15, p. 711.

"to a child physically, emotionally, sexually, or from neglect."² Non-accidental physical injuries includes bruises or fractures from severe beatings, poisonings from overmedications and alcohol, burns from water immersions or cigarettes. Brain damage and subdural hematoma may be produced from the trauma³ Sexual molestation and exploitation of a child for adult sexual gratification, includes exhibitionism, rape, incest,"and fondling. "Emotional abuse includes unreasonable parental behavior to a child; unreasonable demands being placed on a child to perform beyond its capacities; verbal attacks; constant belittling; or withholding or withdrawing love, support, or guidance. Neglect includes failure to provide a child with basic necessities of life (food, housing, clothing, hygiene, or medical care)."⁴ The lack of concern by the parents is obvious in most instances. In all forms of abuse, a child frequently acts fearful of parents or adults in general.

The child abuser comes from any"ethnic, geographic,religious, occupational, educational, or socio-economic group! There are certain indices common to parents who abuse children.First, the abuser when a child was probably abused; corporal punishment was undoubtedly part of parenting during rearing. Second, the abuser is normally known to the abused.

² Ruth Beckman Murray and Judith Proctor Zentor, Nursing Assessment & Health Promotion Through the Life Span(Englewood Cliffs,N.J.: Prentice-Hall, Inc, 1979), p.22.

³Ibid.

⁴ Ibid, p.23.

Third, a type of crisis is present in most cases that can cause stress in the family. ⁵

A report by Helfer and Kempe states that 90 percent of the abusive parents can be treated if given considerable support over a period of time. However, 10 percent of abusive parents " are mentally disturbed to the extent that they can not be easily treated, and their children should be removed from the family home." ⁶

The residents of Maine are as violent as anywhere else in the nation; however, they are not any more violent than the rest of the country. There were 8,625 reported child and neglect cases in 1989 in Maine. 1,441 of the 8,625 incidents were sexual. Annually, the State of Maine has 2 or 3 child abuse deaths. ⁷

There were 56 cases of child abuse and neglect in 1990 at Pleasant Point Reservation, the project area of this paper. Each case was investigated and cause was found to place the child under Tribal custody.

Outstanding socio-economic problems that impact the Indian family and Tribe which influence the rate of child abuse include:

⁵Q.Hafen and Keith J. Karren, Prehospital Care & Crisis Intervention (Englewood, Colo:Morton Publishing Company,1986)p.518

⁶Gail Wiscarz and Sandra J. Sundeen, Principles and Practice of Psychiatric Nursing (St. Louis, Mo.:The C.V, Mosby Company, 1979) p.549⁷

Ricci, loc.cit.

1.) Alcoholism haunts almost all Reserve families; its misuse by past and present Tribal members of those children under Tribal custody has been devastating. A majority of the child victims cite alcohol use as a leading factor in maltreatment. Over 100 Passamaquoddy children were placed for adoption or for foster care in the last 40 years because of the adverse effects of alcohol. Neglect of children resulted in placement; Adequate care for basic living was not being provided. 98 percent of the placements were to non-Indian families.

2.) Marijuana and cocaine addiction is present. Besides causing chemical dependency, scarce money is used that could go towards support of children. As many are alcoholics in addition, a compound problem is evident. Short-term impacts on child rearing are adverse; long-term effects are unknown.

3.) Housing supply is insufficient for the population of Pleasant Point. Though 26 additional single-family housing units are under construction, a need for a 126 additional units has been identified. Two families are sharing housing space in many instances.

4.) Untreated family members who have been previously abused themselves as children unknowingly practice the same abuse tactics on their young. The generation to generation pattern of transmission can be identified. ⁸

B.PROJECT GOALS AND OBJECTIVES.

The project goal is to stop and prevent child abuse and neglect where possible at Pleasant Point Reservation by providing a safe home that assures safety for the abused and neglected children under Tribal custody and providing treatment programs for those involved.

First objective is to provide a safe home for 14 children that are in the high-risk category by using an existing Tribal house or a leased residence that is nearby in the present year.

Second objective is to launch programs for treatment that can help the concerned abused and abusive persons in the present year.

Third objective is to meet the remaining need with trained staff in new construction or substantial rehabilitated residence with treatment programs in Year 3.

It is proposed that the foster care facility be owned and operated by the Passamaquoddy Tribe. Because a percentage of the existing abuse cases are sexual, all have expressed urgency in addressing the identified problems.

C. PUBLIC EDUCATION STEPS TAKEN TO ACCOMPLISH THE OBJECTIVES.

The following steps were taken to mobilize public awareness to the child abuse problem:

1.) Indian Child Welfare Act of 1978. A conference in 1990 was conducted on the Indian Child Welfare Act of 1978 (Appendix A)for Tribal officials, Department heads, and interested Tribal members. 38 members attended the all-day session. Stressed was the placement order of preference for adoption and foster care. The order of preference given :

- First, to a member of the child's extended family.
- Second, to a foster home specified by the child's tribe.
- Third, to an Indian foster home.
- Fourth, to an institution for children operated by an Indian organization.'

In addition , the setting for foster care placement must:

- be the least restrictive and most approximate a family.
 - meet the child's specials needs
- within reasonable proximity to child's own home.

2. Tribal Court Powers. In 1990, a series of hearings were held on the pending Constitution for the Reserve that was later adopted. Included was a session for interested Tribal members on the powers of the Tribal Judiciary (Tribal Court). The role of the Court on the placement of a Passamaquoddy child in a foster home was explained by the Tribal lawyer.

3. Child Welfare Department. The protocols used by the Child Welfare Department relative to placement of Passamaquoddy children in abuse or neglect cases were presented to the Governor and Council in 1990.

4. Ms Victoria Iron-Graves, Red Lake Indian Reservation, Redby, Minnesota, presented a two-day conference that cited the need to provide solutions to the child abuse problem, October, 1990. (Appendix B).

5. An ad hoc committee of concerned Tribal members was formed to establish a foster home facility for Passamaquoddy children in late 1990. A foster home project was sanctioned in which ways of providing a foster home could be met.

6. Recommendations for a foster home were given to the Tribal Governor and Council. One site, Route 190 Tribal owned residence was designated for foster home purposes.

7. Work program for foster home project was amended (Appendix C)

8. Budget was prepared and adopted (Appendix D).

9. On-going public education published by concerned group (Appendix E).

D. RESULTS.

In mid-1991, the Tribal Governor and Council designated a Tribal-owned residence on Route 190 for foster home purposes. However, operating funds were not committed - the Tribal Governing Body also placed all new programs on hold concurrently until return on Tribal investments could be ascertained. It became clear to all concerned that funding for operating had to be from federal sources when low return on Tribal investments occurred. Immediately, preparation of grant applications for a foster home under Title II, Indian Child Welfare Act and PL 93-68, Indian Self-Determination Act were commenced at that time.

The package of the foster home was remade to include three options:

Option 1 - a Tribal- owned residence on Route 190.

Option 2 - an acquisition of an existing off-Reservation residence.

Option 3 - a lease of an existing off-Reservation residence.

Application of grant funding sought. Action is anticipated in the next 90 days including reconsideration of Option 1 because a Tribal family resides and refuses to move from the Route 190 residence.

E. ANALYSIS.

A review of the standing of the foster home project shows that solid support exists. Funding approval by BIA is expected. The endeavor will be implemented on a revised schedule. To insure success, the following steps by those involved are recommended:

1. That land acquisition funding be authorized to purchase an existing residence nearby if resistance continues on the Route 190 occupants.
2. That leasing an existing residence if warranted in lieu of 1. above.
3. That PL 93-68, Indian Self-Determination Act, funding be used for operating budget.
4. That a monitoring and evaluation report be made after Year 1.
5. That the foster home facility serve as a model for other unmet needs; ie, an after-care facility for adolescents recovering from substance abuse.
6. That placements from other Maine Tribes be permitted as space is available in the foster home facility.

One undertaking a similar project in the future should have funds obligated at inception. Such obligation of funding would be available upon acceptance of project report.

SELECTED

BIBLIOGRAPHY

Bureau of Indian Affairs, U.S. Department of the Interior. Indian Child Welfare Act of 1978. Publication No. 315, Washington, D.C., 1980.

Hafen, Q. and Karren, Keith J, Prehospital Care and Crisis Intervention. Englewood, Colo : Morton Publishing Company, 1986.

Murray, Ruth Beckman, and Zentor, Judith Proctor, Nursing Assessment & Health Promotion Through the Life Span. Englewood Cliffs, N.J.: Prentice - Hall, Inc., 1979.

Ricci, Lawrence R., Child Sexual Abuse: The Emergency Department Response. American Medical Association; 15:711-716, 1990.

Wiscarz, Gail, and Sundeen, Sandra J., Principles and Practice of Psychiatric Nursing. St. Louis, Mo : The C.V. Mosby Company, 1979.

_____, Personal interview with M. Brown, MSW, Pleasant Point Child Welfare Department, Perry, Maine. September 24, 1990.

GENERAL REFERENCES

- Alexander WJ, Griffith H, Housch JG, et al: Infections in sexual contacts and associates of children with Gonorrhea. *Sex Transm Dis* 1984;11:156-158.
- American Academy of Pediatrics: Committee on Early Childhood, Adoption, and Dependent Care. Gonorrhea in prepubertal children. *Pediatrics* 1983;71:553.
- Balk SJ, Dreyfus NG, Harris P: Examination of Genitalia in Children: 'The Remaining Taboo'. *Pediatrics* 1982;70:751-753,
- Baum E, Grodin MA, Alpert JJ, et al: Child Sexual Abuse, Criminal Justice, and the Pediatrician. *Pediatrics* 1987;79:437-439.
- Bell TA: Major Sexually Transmitted Diseases of Children and Adolescents. *Pediatr Infect Dis* 1983;2:153-161.
- Billmire ME, Myers PA: Serious Head Injury in Infants: Accident or Abuse? *Pediatrics* 1985;75:340-342.
- Bittner S, Newberger EH: Pediatric Understanding of Child Abuse and Neglect. *Pediatrics in Review* 1981;2:197-207.
- Blumberg ML: Sexual abuse of children: Causes, diagnosis and management. *Pediatr Ann* 1984;13:753-758.
- Branch G, Paxton R: A study of Gonococcal infections among infants and children. *Public Health Rep* 1965;80:347-352.
- Brant RST, Tisza VB: The sexually misused child. *Am J Orthopsychiatry* 1977;47:80-90.
- Browning DH, Boatman B: Incest: Children at risk. *Am J Psychiatry* 1977;134:69-72.
- Burgess AW, Holmstrom LL: Rape trauma syndrome. *Am J Psychiatry*. 1974;131:981-986.
- Caffey J : Multiple fractures in the long bones of infants suffering from chronic subdural hematoma. *AJR* 1946;56:163-173.
- Canavan JW: Sexual child abuse, in Ellerstein NS (ed): *Child Abuse and Neglect: A Medical Reference*. New York, John Wiley and Sons, 1981, pp 233-251.
- Cantwell HB: Vaginal inspection as it relates to child sexual abuse in girls under thirteen. *Child Abuse Neglect* 1983;7:171-176.
- Cordell W, Zollman W, Karlson H: A photographic system for the emergency department. *Ann Emerg Med* 1980;9:210-214.
- Cowell CA : The gynecologic examination of infants, children, and young adolescents. *Pediatr Clin North Am* 1981;28:247-266.
- Dahlke MB, Cooke C, Cunnane M, et al: Identification of semen in 500 patients seen because of rape. *Am J Clin Pathol* 1977;68:740-746.

- De Jong AR : Sexually transmitted diseases in children. *Am Fam Physician* 1984;30:185-193.
- De Jong AR, Emmett GA, Hervada AR: Sexual abuse of children: Sex, race, and age dependent variations. *Am J Dis Child* 1982;136:129-134.
- De Jong AR, Hervada AR, Emmett GA: Epidemiologic variations in childhood sexual abuse. *Child Abuse Neglect* 1983;7:155-162.
- De Jong AR, Weiss JC, Brent RL: Condyloma Acuminata in children. *Am J Dis Child* 1982;136:704-706.
- DeJong AR: Sexually Transmitted Diseases in Children. *Am Fam Physician* 1984;30:185-193.
- Ellerstein NS (ed): *Child Abuse and Neglect. A medical Reference.* New York, John Wiley and Sons, 1981.
- Ellerstein NS, Canavan JW: Sexual abuse of boys. *Am J Dis Child* 1980; 134:255-57.
- Emans SJ, Goldstein DP: The gynecologic examination of the prepubertal child with vulvovaginitis: Use of the knee-chest position. *Pediatrics* 1980;758-60.
- Emans SJ, Woods ER, Flagg NT, et al: Genital Findings in Sexually Abused, Symptomatic and Asymptomatic, Girls. *Pediatrics* 1987;79:778-785.
- Enos WF, Conrath BA, Byeer JC: Forensic evaluation of the sexually abused child. *Pediatrics* 1986;78:385-398.
- Farrell MK, Billmire E, Shamroy JA, et al: Prepubertal Gonorrhea: A multidisciplinary approach. *Pediatrics* 1981;67:151-153.
- Feldman KW, Schaller RT, Feldman JA: Tap Water Scald Burns in Children. *Pediatrics* 1078;62:1-7.
- Felice M, Grant J, Reynolds B, et al: Follow-up observations of adolescent rape victims. *Clin Pediatr* 1978;17:311-5.
- Finkelhor D: *Sexually victimized children.* New York, Free Press, 1979.
- Folland DS, Burke RE, Hinman AR, et al: Gonorrhea in preadolescent children: An inquiry into source of infection and mode of transmission. *Pediatrics* 1977;60:153-156.
- Ford RJ, Smistek BS: Photography of the maltreated child, in Ellerstein NS (ed): *Child Abuse and Neglect: A Medical Reference.* New York, John Wiley and Sons, 1981, pp 315-325.
- Fuster CD, Neinstein LS: Vaginal Chlamydia trachomatis prevalence in sexually abused prepubertal girls. *Pediatrics* 1987;79:235-238.
- Ginsburg CM: Acquired syphilis in prepubertal children. *Pediatr Infect Dis* 1983;2:232-4.
- Glaser JB, Hammerschlag MR, McCormack WM: Sexually Transmitted Diseases in Victims of Sexual Assault. *New Engl J Med* 1986;315:625-627.
- Goldbloom RB: Growth Failure in Infancy. *Pediatrics in Review* 1987;9:57-6.

- Kempe CH, Silverman FN, Steele BF, et al: The battered-child syndrome. *JAMA* 1962;181:17-24.
- Kempe CH: Incest and other forms of sexual abuse, in Kempe CH, Helfer RE (ed): *The Battered Child*, ed 3. Chicago, Illinois, The University of Chicago Press, 1980 pp 198-214.
- Kempe CH: Sexual abuse, another hidden pediatric problem: The 1977 C. Anderson Aldrich Lecture. *Pediatrics* 1978;62: 382-389.
- Kems DL: Medical Assessment of child sexual abuse, in Mrazek PB, Kempe CH (ed): *Sexually Abused Children and Their Families*. Oxford England, Pergamon Press, 1981 pp 129-141.
- Khan M, Sexton M,: Sexual abuse of young children. *Clin Pediatr* 1983;22:369-372.
- Krugman RD: Recognition of Sexual Abuse in Children. *Pediatrics in Review* 1986;8:25-30.
- Ladson S, Johnson CF, Doty RE: Do Physicians Recognize Sexual Abuse? *Am J Dis Child* 1987;141:411-415.
- Leake HC, Holbrook RF: Medical testimony, in Ellerstein NS (ed): *Child Abuse and Neglect: A Medical Reference*. New York, John Wiley and Sons, 1981, pp 327-343.
- Levitt CJ: Sexual Abuse in Children: A Compassionate yet thorough Approach to Evaluation. *Postgraduate Medicine* 1986;80:201-215.
- Lloyd DW: Medical-legal aspects of sexual abuse. *Pediatr Ann* 1979;8:337-346.
- McCauley J, Gorman RL, Guzinski G: Toluidine Blue in the Detection of Perineal Lacerations in Pediatric and Adolescent Sexual Abuse Victims. *Pediatrics* 1986;78:1039-1043.
- Merton DF, Radkowski MA, Leonidas JC: The Abused Child: A Radiological Reappraisal. *Radiology* 1983;146:377-381.
- Mrazek PB, Kempe CH (eds): *Sexually Abused Children and Their Families*. New York, Pergamon Press, 1981.
- Mundie GE: Team management of the maltreated child in the emergency room. *Pediatr Ann* 1984;13:771-776.
- Nakashima II, Zakus GE: Incest: Review and clinical experience. *Pediatrics* 1977;60:696-701.
- Neinstein LS, Goldenring J, Carpenter S,: Nonsexual transmission of sexually transmitted diseases: An infrequent occurrence. *Pediatrics* 1984;74:67-76.
- Newberger EH (ed): *Child Abuse*, ed 1. Boston, Little, Brown and Company, 1982.
- Newberger EH, Hagenbuch JJ, Ebeling NB, et al: Reducing the Literal and Human Cost of Child Abuse: Impact of a New Hospital Management System. *Pediatrics* 1973;51:840-848.
- Olsen MA, Olney MS, Bowdre JH: Diagnosing Chlamydial infections. *Emerg Med* 1986;August 15:77-88.
- Orr DP, Prietto SV: Emergency management of sexually abused children. *Am J Dis Child* 1979;133:628-631.

- Schultz L: The child sex-victim: Social, psychological and legal perspectives. *Child Welfare*. 1973;52:147-157.
- Seidel J, Zonana J, Totten E: Condylomata acuminata as a sign of sexual abuse in children. *J Pediatr* 1979;95:553-4.
- Seidel JS, Elvik SL, Berkowitz CD, et al: Presentation and evaluation of sexual misuse in the emergency department. *Pediatr Emerg Care* 1986;2:157-164
- Sexually Transmitted Diseases Treatment Guidelines 1985. *MMWR* 1985;34(suppl).
- Sgroi SM, Porter FS, Blick LC: Validation of child sexual abuse, in Sgroi SM (ed): *Handbook of Clinical Intervention in Child Sexual Abuse*. Lexington, Massachusetts, Lexington Books, 1983, pp 39-79.
- Sgroi SM: *Handbook of Clinical Intervention in Child Sexual Abuse*. Lexington, Massachusetts, Lexington Books, D.C. Heath and Company, 1982.
- Sgroi SM: Pediatric gonorrhea beyond infancy. *Pediatr Ann* 1979;8:326-336.
- Sgroi SM: Sexual molestation of children: The last frontier of child abuse. *Child Today*, 1975;18:18-21.
- Shah CP, MRCP, Holloway CP, Valkil DV: Sexual abuse of children. *Ann Emerg Med* 1982;11:18-23.
- Shore WB, Winkelstein JA: Nonvenereal transmission of gonococcal infections to children. *J. Pediatr* 1971;79:661-3.
- Short J, DeLuca M, DiVasto P, et al: Detection of sperm in victims of rape. *N Engl J Med* 1978;299:424.
- Soules MR, Pollard A, Brown KM, et al: The forensic laboratory evaluation of evidence of alleged rape. *Am J Obstet Gynecol* 1978;130:142-147.
- Soules MR, Pollard AA, Brown KM, et al: The forensic laboratory evaluation of evidence in alleged rape. *Am J Obstet Gynecol* 1978;130:142-147.
- Summit RC : The child sexual abuse accommodation syndrome. *Child Abuse Neglect* 1983;7:177-193.
- Tilelli JA, Turek D, Jaffe AC: Sexual abuse of children: Clinical findings and implications for management. *N Engl J Med* 1980;302:319-323.
- Tintinalli JE, Hoelzer M: Clinical findings and legal resolution in sexual assault. *Ann Emerg Med* 1985;14:447-453.
- Tunnensen WW, Jastremski M: Prepubescent gonococcal vulvovaginitis. *Clin Pediatr*. 1974;13:675-676.
- US Department of Health and Human Services. *Child sexual abuse: Incest, assault, and sexual exploitation*. DHHS Publication No. (OHDS) 81-30166, 1979 (revised 1981).

- Warner CG, Braen GR (eds): Management of the Physically and Emotionally Abused: Emergency Assessment, Intervention and Counseling. Norwalk, Connecticut, Appleton-Century-Crofts, 1982.
- White ST, Loea FA, Ingram DL, et al: Sexually transmitted diseases in sexually abused children. Pediatrics 1983;72:16-21.
- Willott GM, Allard JE: Spermatozoa: Their persistence after sexual intercourse. Forensic Sci Int 1982;19:135-154.
- Willott GM, Allard JE: Spermatozoa: Their persistence after sexual intercourse. Forensic Sci Int 1982;19:135-154.
- Wilson, EF: Estimation of the Age of Cutaneous Contusions in Child Abuse. Pediatrics 1977;60:760-752.
- Woodling BA, Heger A: The use of the colposcope in the diagnosis of sexual abuse in the pediatric age group. Child Abuse Neglect 1986;10:111-114.31.
- Woodling BA, Kossoris PD : Sexual misuse: Rape, molestation, and incest. Pediatr Clin North Am 1981;28:481-499.