

# EXHIBIT C

*The problem of abused children has recently been recognized as a significant health concern. Nevertheless, many incidents in older children probably go unnoticed. In Syracuse, N. Y., a program was started on the premise that the school system would be valuable in detecting cases. The program and the results of the first four years of operation are presented.*

## THE ABUSED CHILD AND THE SCHOOL SYSTEM

*C. George Murdock, M.D.*

SINCE the dawn of civilization, children have been abused or maltreated by adults. Many cultures for centuries used infanticide to appease their deities, eliminate defective offspring, and control their population (an early form of planned parenthood). Examples have been provided for us through the writings of Charles Dickens and other authors. Who can ever forget the trials and sufferings of Oliver Twist told in such lurid detail by Dickens? The cruel indifference to the employment of children in the mines of Great Britain during this period was vividly described by the Earl of Shaftesbury in his speech to the House of Commons in 1842.<sup>1</sup>

"In Oldham the mountain seams are wrought in a very rude manner. The ways are so low that only little boys can work in them, which they do naked, and often in mud and water, dragging sledge-tubs by girdle and chain. The child is obliged to pass on all fours—through avenues not so good as the common sewer, quite as wet, and often times more contracted. This kind of labour they have to continue several hours in a temperature described as perfectly intolerable."

More recently, many of us can recall the horrible tales and vivid pictures of child labor in this country around the

turn of the century in factories, sweat shops, and coal mines. These conditions were corrected by the Child Labor Laws and the general enlightenment of the public.

However, despite the efforts of many governmental and private agencies, cases of child beating and maltreatment continued to occur. The American Humane Association estimates that there are at least 10,000 cases of child abuse annually in the United States.<sup>2</sup> Obviously only a small fraction of these cases are currently being reported.

It is sometimes difficult to sharply demarcate the difference between abuse and discipline. The attention of the medical profession was again drawn to this problem in 1946 by Caffey's report<sup>3</sup> which described the relationship between multiple fractures of the long bones in infants and chronic subdural hematomas. Other reports in the medical literature followed, describing children with multiple injuries indicating new or recent trauma superimposed on old injuries. Increased public attention was expressed by many magazine and newspaper articles as well as radio and television programs. A variety of profes-

sional disciplines—medical, governmental, social, and welfare—joined in attempting to meet the problem.

#### Guidelines for Legislation

In 1962, the Children's Bureau assembled a group of experts in this field. They agreed that these children must first be found and identified before the community could protect them, and recommended the passage of state laws which would require physicians to report these cases with immunity from legal counter-suit. As a result, in 1963, the Children's Bureau published "The Abused Child—Principles and Suggested Language for Legislation on Reporting of the Physically Abused Child," to serve as guidelines.<sup>4</sup>

State legislatures started to pass child abuse reporting laws in 1963 and, by 1968, all 50 states had statutes. Since each state enacted legislation to meet its own circumstances, there was considerable variation in the laws. Some states have already amended their original statute, while others are likely to do so in the future. A comprehensive review of the current state laws was published by the Children's Bureau in 1966: "The Child Abuse Reporting Laws—A Tabular View."<sup>5</sup> The variations in these statutes are too numerous to report in detail in this presentation.

The New York State Law, which became effective July 1, 1964, makes the reporting of any suspected case of child abuse mandatory for physicians, dentists, osteopaths or the superintendent, manager, or person in charge of any hospital, sanitarium, or *other institution* where such a child is being treated. Legal immunity is granted for such reporting.

Upon a personal request, the phrase "other institution" was interpreted by local and state legal counsel to include schools, since these children were coming to the Health Service rooms for ad-

vice and treatment. Because of this legal decision, the school authorities in Syracuse were apprised by the health director of the new law, and its mandatory regulation for reporting suspected cases of child abuse, in September, 1964. The Syracuse School District was the first in New York State and one of the first in the nation to participate in this program. Subsequently, many other school districts in the state and throughout the country have adopted similar procedures.

#### School Program in Syracuse

Since its inception, the school program has been the greatest single source of uncovering these problems in Syracuse. This may be due to inadequate reporting of these cases by physicians and hospitals in this community, since it has been found in other surveys that school-age children account for only 20-30 per cent of the total cases. On the other hand, these other surveys may not have used the schools as an identifying agent for older children. The program has been invaluable in the identification of abused children of school age because, in most cases, the injuries are not of sufficient severity to necessitate care by a physician.

A simple reporting form (Figure 1) was prepared and copies were issued to all schools in the district. These were completed and returned to the office of the director of Health Service, where duplicate copies were made for filing, and the original report was then forwarded to the Children's Division of the County Department of Social Welfare. Two full-time social workers from that office were assigned to investigate suspected cases of child abuse, and they subsequently referred them to the local Family Court if any punitive action was deemed necessary.

A central registry was established by the Children's Division which provided

THE ABUSED CHILD

for other reports from different sources such as physicians and hospitals. This accumulative file often revealed repeated abuse of the same child, or other siblings in the same family, and strengthened the position of the division when court action was deemed necessary. Because of the extreme mobility of many of the families involved, many authorities working on this problem have stressed the importance of central registers<sup>6</sup> for these children, at the local level and, hopefully in the future, at state and national levels. Several states have already or are in the process of establishing such registers.

Results

The Syracuse school system has just completed its fourth year of reporting suspected cases of child abuse. In the school year of 1964-1965, 18 cases were reported; in 1965-1966, 20 cases; in 1966-1967, 24 cases; and in 1967-1968, 18 cases.

An early reluctance on the part of school personnel to report these cases was overcome after they were informed that they would be given legal immunity

and that reporting was mandatory. The total registration for the school district has remained static at about 30,000, and the general socioeconomic status of the community has remained relatively unchanged during the past four years.

The ages of the children involved varied from 5 to 14 years, but were predominantly in the younger age groups (Table 1). This is probably accounted for by the predilection of younger children to become involved in provocative situations.

The types of injuries sustained consisted mainly of ecchymosis and welts incurred by whippings with sticks, broom handles, ropes, belts, and electric cords—with a scattering of lacerations caused by knives or other sharp objects. Upon investigation, the perpetrators of the abuse were frequently found to be emotionally disturbed, mentally handicapped or chronic alcoholics. When stepparents were involved, their relationship was often by common law only and impermanent. Almost all of our cases came from the lower socioeconomic group, which is contrary to the findings of other investigators.

Case reporting was usually done by

Figure 1—City School District, Syracuse, N. Y., Report form for abused child (please type or print)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Description of injuries (location, degree, and extent).

Statement from child regarding injuries.

Statement from witnesses, if any, or other pertinent information.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Return to: Director, Health Service, 409 West Genesee Street, Syracuse, N. Y. 13202

**Table 1—Case reports by year and age**

Age	1964-1965	1965-1966	1966-1967	1967-1968	Total
5	3	1	3	1	8
6	5	1	4	2	12
7	2	8	4	4	18
8	2	2	2	2	8
9	0	4	4	2	10
10	0	1	3	2	6
11	0	3	1	1	5
12	0	0	2	2	4
13	2	0	2	0	4
14	4	0	0	2	6
Total	18	20	25	18	81

the school nurse-teacher after referral to her office, but other school personnel were also involved (Table 2). Prior to the submission of the report, the school physician examined any suspected cases whenever he was available.

Reports are periodically obtained from the Children's Division concerning the findings of their investigation and the disposition of each case. Two social workers have been relieved of other duties by the division so that they might devote their full attention to the solution of these problems. The disposition of cases is shown in Table 3. A copy of each report from the division is returned to the individual who made the initial referral. This maintains their interest in the program and gives them a sense of accomplishment.

**Difficulties and Recommendations**

The following difficulties encountered in initiating our program might serve as guidelines for other school systems contemplating similar projects.

1. The reluctance of school personnel to report suspected cases, for fear of legal involvement and court appearances, can be overcome by a proper presentation of the problem,

especially in those states where reporting is mandatory.

2. Maximum cooperation between the school system and the investigating agency is of extreme importance. A frequent exchange of information between the two organizations should be encouraged, not only in the initial reporting but also in the continued observation of these cases.

The following recommendations of the Committee on Infant and Pre-School Child of the American Academy of Pediatrics regarding child abuse are excellent.<sup>6</sup> It is suggested that school personnel and school systems be added to physicians and hospitals in these statements.

1. Physicians should be required to report suspected cases of child abuse immediately to the agency legally charged with the responsibility of investigating child abuse—preferably the county or state department of welfare or health or their local representatives, or to the nearest law enforcement agency.

**Table 2—Reporters**

	1964-1965	1965-1966	1966-1967	1967-1968	Total
Nurse-teacher	6	8	16	11	41
Principal	6	6	4	0	16
Visiting teacher	1	0	4	2	7
Teacher	3	3	1	1	8
Guidance counselor	1	0	0	1	2
School physician	1	3	0	4	8

**Table 3—Disposition**

Year	Closed	Open	Place-ment	Un-known
1964-1965	10	0	2	2
1965-1966	15	1	1	3
1966-1967	8	10	2	2
1967-1968	3	11	3	1
Total	36	22	8	8

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