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Child Abuse

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DELAWARE

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ABOUT THIS ISSUE

At a time when we all are feeling vulnerable and a little less safe, we must recognize that people with disabilities are more vulnerable than most of us, and children with disabilities are most vulnerable of all. We don't like to talk about it; we don't really like to acknowledge it, but the evidence is mounting that children with disabilities are more likely to be abused than children without disabilities. Thus, this edition of *delAware* brings you information about what child abuse is, why children with disabilities may be at higher risk, one man's experience, and how to report suspected abuse. As we researched this edition, many people told us that they don't quite know how to recognize the signs of abuse in a child with a disability, so we developed our own list, combining information from the Delaware Division of Family Services with the literature about abuse in the disability field. We are also writing about stress in family life, and why some families are better able than others to adjust to and cope with a family member with a disability. And finally, sprinkled throughout this issue, you will also see photographs that are examples of positive parenting activities.

As with any publication like *delAware,* time and space limits allow us to highlight only a few things, not to address the total issue or identify all services. The important thing to come away with is learning how we can help to prevent child abuse. Research shows that services like home visiting, parenting classes, respite care, early intervention, and family support can all help families cope and thrive, and reduce incidents of abuse. These relatively low-cost, but high-impact services can go far in supporting families to raise and nurture their children in healthy environments. The disability community needs to find its voice to promote these services in Delaware. Perhaps the pictures in this issue will spark your own creative ideas for interactions and routine practices to nurture your family member's needs.

If you suspect a child you know is having a problem, please report it. Equally important, offer assistance to that family. By offering friendship, a social activity, assistance with child care, or just by listening, you can help a family and prevent child abuse.

Sincerely,

Theda M. Ellis

Theda M. Ellis, M.B.A., M.Ed.
Associate Director

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Worth protecting

Douglas Pearson has a unique understanding of child abuse, especially when it's experienced by children with disabilities. Not only has he survived abuse as a child with cerebral palsy, but he has also spent years unraveling the damage done to other children. Recently retired from his practice as a child psychologist, Pearson currently teaches two psychology courses at Wilmington College and sits on the board of directors of Children's Trust Fund, a Delaware child abuse prevention program.

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The instances of abuse or neglect don't have to be spectacular. Being a very small person in a very big world, but left unprotected by the grown-ups who are supposed to protect us, is quite enough to make us feel that we are not worth protecting.

—Gloria Steinem, *"The Child Within," Revolution from Within: A Book of Self-Esteem,* p. 71

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With all this experience and knowledge, Pearson has witnessed a change in the general attitude concerning the subject of child abuse. "I think children who claim abuse are much more believed today," begins Pearson. "It turned around about ten years ago.

Doug Pearson

"The downside is," adds Pearson, "it's very hard to pull accurate memories out of a very young child because the child has no skills to put the concept of the abuse into concrete terms. It's a very touchy situation. If I were faced with a two- or three-year-old, I'd look for the most skilled person I could find. That person would need a Ph.D. in a mental health field with a strong background in early child development, strong clinical skills, and some awareness of early childhood memory and how it can be manipulated.

"It's easy to scapegoat a [child] with a disability," acknowledges Pearson. "My own experience: I was put in a group foster home at five because my mother couldn't handle my having a disability. The woman [managing the group home] maintained control through abuse. The other kids imitated her."

Determined to break the cycle of abuse and abandonment, Pearson succeeded when he had children of his own: "I'm married with two beautiful [children] I just adore. I fell in love with both of my [children] from the get-go. So, from that sense, it would be hard to do to them what was done to me."

Doing things differently has been a long-term effort for Pearson. His path has shown him the need for such an effort in society as well.

"About ten years ago," remembers Pearson, "I saw this baby, and [the interaction] really made an impact on me. I held the child in my lap, and I could see that he was not as developed as he should be [for a year-old child]. He came in with a body full of bruises. When I pointed this out, the DFS [Division of Family Services] worker said 'He falls a lot.' I don't know what that level of denial was about. As a mental health professional, I asked to work with his foster mother. He was an irritable baby, so I could see how he'd become a possible target of abuse. Ten days later, he was drowned.

"What I'd do differently now," continues Pearson, "is, if I had any suspicion of abuse, I'd call the DFS hotline and be aggressive in trying to help. As a matter of fact, that's a law in the state of Delaware."

Signs to look for

Signs of child abuse can be evident in the interaction between the child and the parents or caretakers. According to Pearson, parents who are on call 24 hours a day are at risk of being overwhelmed. So, look at the parents. Do they walk away when they're frustrated? Do they come back when they're calmer? In general, how do these parents deal with their feelings?

Then, look at the child. Does the child require a lot of care? The irritable, fussy baby who's hard to pacify can frustrate parents. Many children with developmental disabilities have this kind of temperament.

"Sometimes," notes Pearson, "parents can't cope even when their child is sweet-natured. Having a child with a disability can bring up feelings of heartache and anger, both of which are hard to admit."

Steps to take

If you suspect a child is being abused, Pearson recommends two simple steps:
1. Call 1-800-292-9582, the number for the DFS Child Abuse Report Hotline.
2. Be aggressive in trying to help. Every child needs to know he's worth protecting.

Upper right photo: NDEHS Home Visitor Amy Summers providing quality care to one of the babies served by the program.

What is abuse and who are its victims?

There are many ways to define child abuse, and researchers tend to describe it in different ways depending on what kind of abuse they are examining. The many definitions, and the human tendency to be secretive about child abuse, means that we don't know exactly how much abuse exists among children or adults with disabilities. It does seem clear that persons with disabilities are at greater risk; the question is, how much greater? Taking a closer look at some of the ways child abuse is defined, and which characteristics make some children (and adults) more vulnerable, may give us at least some idea of who could be at risk.

Legally defining child abuse clearly is not as easy as it looks. The state of Delaware's current definition of child abuse (Child Abuse Prevention Act of 1997) states that abuse has happened when anyone who is caring for a child hurts that child by being too forceful. "Hurt" is defined as physical, sexual, emotional, or neglectful. If the definition were limited to criminal acts only, the judicial system would be unable to protect children from verbal or emotional abuse. However, if the definition were broader to include every possible kind of child abuse, it could create loopholes. Dick Sobsey, in his 1994 book, *Violence & Abuse in the Lives of People With Disabilities,* writes that broader definitions do not help victims but instead could keep the courts from being able to enforce the laws at all.

The definition of child abuse among children with disabilities varies because researchers define abuse depending on their specific research questions. This is appropriate for good research, but it confuses the "big picture" for others. Marit Kvam, in her 2000 article about research of sexual abuse of children with disabilities, finds that "fuzzy" definitions hindered both assessing how much harm an abuser has done to a child and determining how many people who have disabilities are sexually abused. However, by combining some of the general estimates made by researchers across the different forms of abuse—physical, sexual, emotional, and neglectful—we know that children with disabilities are between one and a half to five times as likely to be abused as children without disabilities.[1]

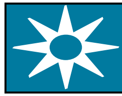
Richard Sobsey provides useful information about how to describe the different forms of abuse of children with disabilities. For example, he reminds us that physical abuse is the only obvious form of abuse because it is the only one that produces visible evidence. On the other hand, psychological abuse is the hardest to "see." Not only is it difficult to find an exact definition of psychological abuse—it is also difficult to separate it from the other forms of child abuse because other types of child abuse produce psychological harm too. Sexual abuse is described as any sexual relations between an adult and a child who is 12 years old or younger. Children, 13-17 years old, suffer sexual abuse if an adult uses his/her power to convince or threaten a child to allow sexual contact.

Sobsey suggests that social factors and particular environments can set the stage for all forms of abuse. For example, abuse happens more frequently to children who live in families who separate themselves from others socially. There is a higher incidence of abuse among children with poor relationships with their parents. Most abusers are men who choose their victims by age and gender. Pre-school girls and boys are equally at risk. However, by the time children become teens, abusers choose girls more than boys.

Finally, as it is particularly difficult to determine whether children who have disabilities have been abused, Sobsey argues that we should instead concentrate on WHY there is a connection between having a disability and being abused as a child. We can only hope that future research and prevention programs will focus on this question.

[1] See, for example, Marit Kvam, *"Is Sexual Abuse of Children with Disabilities Disclosed? A Retrospective Analysis of Child Disability and the Likelihood of Sexual Abuse Among Those Attending Norwegian Hospitals,"* Child Abuse & Neglect 24(8) (2000) 1073-1084; or Dick Sobsey, *Violence & Abuse in the Lives of People With Disabilities: The End of Silent Acceptance?* (Baltimore, MD: Paul H. Brookes Publishing Company).

Detecting abuse: signs, risks & protective factors



Many situations can increase the risk of abuse. For example, children under six years of age are at higher risk, because they need constant care, and parents typically get less support from school or child-care options. Risk also increases if the parents have problems, such as substance abuse, that influence their ability to cope with a child who needs attention.

Parenting a child with disabilities brings additional challenges—increasing the risk for abuse and difficulties for its detection. Many people assume the risk is higher for children with disabilities because of increased and overwhelming stress on parents to meet caregiving needs. It is true that the difficulties of parenting under special circumstances cannot be underestimated, but the risk factors for the abuse of children [and persons of any age] with disabilities involve other complicated issues as well. Among other difficulties, assessing a child for injury which may be abuse is more than just a visual process. It is necessary to know if the child's behavior puts him/her at risk for injury. For example, are the child's bruised legs from being beaten or from a persistent behavior pattern of banging against the furniture? Is the big, red, burned area on a boy's backside from intentional scalding, or from a chemical reaction to his nightly behavior of bed-wetting?

Monitoring & detection

Professionals who work with people with disabilities maintain that detecting abuse depends on many factors, including two key issues: knowledge of the child's typical behavior and changes in typical behaviors. Carole Hillegas, school nurse for the Delaware Autism Program (DAP), states, "We document the marks on the children's bodies as they come and go from school and any incidents which occur during the school day which may cause injury. That helps the staff stay aware of whether the marks occurred at home or at school and when they appeared on the child's body." As Hillegas pointed out, "It is especially important to take the time to examine our students very carefully, because people with autism tend to be less able to tell you verbally what is happening to them, and many students with autism have self-abusive behaviors."

Carole Hillegas, Delaware Autism Program

Another important aspect of monitoring is documenting behavior on a regular basis. The Chimes is an organization that provides a range of supports to adults with autism and mental retardation. Richele Lawson, Director of Health Services at Chimes/Delaware, describes policies that echo Hillegas's emphasis on keeping records. The Chimes/Delaware policy is to note behavior that could result in physical injuries later. For example, Lawson mentioned that thrashing behavior is especially noted. "[A client] might have thrashed today but not shown bruises yet—so we document the thrash, and if injuries surface in a couple of days we already know where they are likely to have come from."

Richele Lawson, Chimes/Delaware

Suspicion is warranted if a person's behavior changes noticeably—especially if the new behavior looks like something the person used to do a long time ago. "We try to err on the side of caution," continued Lawson. "Our most common reason for ordering evaluations is the occurrence of a behavior that we cannot find an explanation for. It's important to call a physician in if there is any question—there could be a medical reason for the behavior, or it might be an old one resurfacing. Either way, the explanations are systematically considered."

Other things may merit investigation after one occurrence, simply because they are so jarring. As Linda Shannon, intake and investigation program manager for the Delaware Division of Family Services (DDFS) pointed out, "sometimes you can't wait for a clearly documented pattern of behavior to appear. You might have a baby come in to daycare with a fracture that looks like their limb was twisted in a spiral, or there might be a child in school with a gash on his head who says it happened because his daddy got mad at him. Clearly, those kind of things have to be reported and investigated right away." Another important thing to consider when trying to explain noticeable changes in a child's behavior is that people show different patterns across time. As Lawson (Chimes/Delaware) noted, "it's easier for professionals who have known [clients] over time to explain changes in their behaviors, because the written records get purged periodically. This means that things like high staff turnover rates can really work against identifying abuse and recognizing regression as the return to previous activity and not a brand new behavior."

In addition, people may show abuse by acting uneasy in numerous ways. For exam-

ple, DAP's Hillegas notes that the children with autism might show anxiety or discomfort by an increase in their repetitive ritualistic or self-abusive behavior. Overall, the essential thing to keep in mind is that children who have been abused can indicate it in a wide variety of ways, whether their behavior cues are as subtle as appearing to be nervous, or as obvious as wetting their pants and saying something is wrong at home. This need for wide ranging and diligent observation is reflected in the practices of services, agencies, and schools, who try to document the discovery of injuries or marks as part of their daily routine.

BEHAVIORAL INDICATORS

Physical Abuse
- Explains injuries in unbelievable ways
- Either asks to be punished or suggests other children deserve harsh punishment
- Appears fearful of others; may jump easily when others approach
- Acts out aggressively with others or through extra violent stories, play, artwork
- Behaves self-destructively, seems oblivious to hazards and risks

Sexual Abuse
- Masturbates excessively
- Shows sexual knowledge beyond what is appropriate for his/her age

Neglect (Medical Included)
- Reports that there is no one to care for them or no utilities (electric, water, etc.) at home
- Chronically late or has poor school attendance; underachieves academically
- May beg for or steal food to ease chronic hunger

Any or All Forms of Abuse
- Frequently complains of headaches, stomachaches, or backaches
- Reports physical, sexual, or emotional abuse at home, even if details are not accurate
- Acts afraid to go home or asks to stay at school instead
- Cries excessively or sits and stares; may spend most of time alone
- Wears extra layers of clothing or avoids undressing
- Extremely shy, avoids certain adults or places
- Declining school performance
- Has nightmares or difficulty falling asleep, or may fall asleep at school
- Wets or soils pants by school age
- Has repetitive habit disorders (biting, rocking, head banging, thumb sucking in an older child)
- Behaves as if s/he is a younger child
- Is depressed or attempts suicide
- Abuses drugs or alcohol
- Behaves in extremes off and on, overly demanding, or withdrawn
- May not follow directions to gain some sense of personal control
- Vandalizes property
- Runs away from home
- Assumes adult responsibilities
- Has poor peer relationships

PHYSICAL INDICATORS

Physical Abuse
- Unexplainable injuries
- Frequent, repetitive, or patterned marks or bruises
- Bites that look like they came from a human or animal mouth
- Multiple marks in various stages of healing
- Burns that look like they came from things like cigarettes, ropes, or scalding water
- Cuts, pinch marks, bald patches, bleeding in eyes, or injuries in abdomen
- Repeated or multiple dislocations without a medical cause
- Lost or broken teeth that did not come from losing baby teeth
- Repeated broken bones, especially spiral breaks from twisting limbs, or any involving facial structure, skull, or bones around joints
- Sudden or unexplained hearing loss or injury to outer ear

Sexual Abuse
- Complaints of pain/irritation of genitals
- Frequent unexplained sore throats, yeast or urinary tract infections
- Any sexually transmitted diseases
- Pregnancy

Neglect (Medical Included)
- Height or weight significantly below normal
- Poor hygiene, body odor, lice, scaly skin
- Inappropriate or habitually dirty clothing
- Lack of medical or dental care, or untreated illnesses or injuries

Any or All Forms of Abuse
- Ulcers, severe allergies or asthma
- Eating disorders
- Speech disorders

This chart was developed by synthesizing information from two sources:
- The State of Delaware's Department of Services for Children, Youth, and Their Families publication titled *"The Professionals' Guide to Reporting Child Abuse & Neglect"*. Copy provided by Linda M. Shannon, Intake & Investigation Program Manager, Delaware Division of Family Services.
- Sobsey, Dick. *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Baltimore, MD: Paul H. Brookes Publishing Co., 1994.

Setting the referral & investigation process in motion

Once a clear pattern or a single unexplained injury has been documented, referrals for an investigation are made, because both may imply some form of abuse. For example, any aggressive or self-injurious behavior can be suspect and can indicate almost any kind of abuse. It's important to note that this includes any injury or behavior that looks as if it might have been caused by sexual contact. In the case of sexual abuse, "classic" markers include fecal smearing, masturbation, or the rubbing of one's genitals to the point of irritation. When dealing with sexual assault, it is also critical to protect the victim, because many times the person being abused is pressured by the person(s) who have assaulted them. They can end up under tremendous pressure to recant their allegations of sexual abuse, and further, are then at increased risk for physical assault to take place. Because of this, the best practice is to act as quickly as possible to get the person in a safe place and offer them supports immediately. The service provider or loved one who discovers the problem cannot afford to wait for formal placement of the child in a new living situation; this would leave the person who has been abused unprotected between the time of detection and the time of formal action.

However, even when the evidence looks strong, it can be hard for investigators to be sure that a child with disabilities has been abused. This does not mean that authorities do not care about the

(Continued on next page)

ENVIRONMENTAL FACTORS

- Social setting emphasizes vulnerability: child may have impaired physical defenses or lack critical information about what is appropriate to endure
- Caregiver/family is isolated from society
- Attitudes devalue children: the more dehumanized they are, the easier it is to abuse them
- At least one type of abuse has occurred to the child in the past: increases risk in all other categories
- Other children are being abused in the caregiving setting: rare that an abuser will settle for one victim when others are available
- Children in the setting are taught to obey without questioning; environment focused on control
- Living conditions lack shelter, heat, water, or ability to be sanitary
- Home may have parents or caregivers who are substance abusing or experiencing domestic violence themselves
- Children under 12 are left unsupervised or abandoned
- Caregivers may have impulsive and aggressive behavior, and little access to respite/relief care

DFS Child Abuse Report Hotline

Suspect abuse? Call us.

Risk feeling like a fool and ignore the people telling you to mind your own business. Let the professionals decide if your concern is real. What if you don't report your fears and concerns—and you were right?

Call 1-800-292-9582.

To make a report about child abuse or neglect in
–Kent County, press 1.
–Sussex County, press 2.
–New Castle County, press 4.

A real person will answer your call and address your fears.

For the last 14 years, Donna Greve has been one of the people answering the phone at the Child Abuse Report Hotline, which is run by the Division of Family Services (DFS). Currently a master Family Service specialist, Greve began her career as a caseworker, so she is well-versed in the process for helping children who are being abused.

What happens when you call the hotline?

According to Greve, you will be expected to share the incidents you've witnessed involving abuse, neglect, or anything inappropriate (in other words, evidence that a child is not being cared for properly). An example of neglect would be the neighbor boy inviting himself to dinner because there's no food in his house. An example of sexual abuse would be physical evidence on the neighbor girl or her disclosure.

If you are unsure about the evidence you have, make the call anyway. "If you're not sure," insists Greve, "err on the side of safety, and call us. We'll listen and let you know if it's appropriate." A note for professionals—you cannot be sued for the act of reporting abuse, another good reason for erring on the side of caution.

What happens next?

A Family Service specialist, like Donna Greve, will write a report concerning your fears for the child in question. The specialist will then forward the report to the intake supervisor.

The intake supervisor screens the information in the report to determine if it's appropriate to investigate: yes or no.

If no—The supervisor notes why on the report and sends it back to the specialist who wrote the report. At this point, the specialist will call you or write you a letter, explaining the supervisor's reasons and sharing the supervisor's suggestions.

One reason for saying no: Another agency is better suited to meet the needs of the child in question. An example is help for a family with an unpaid electric bill. The specialist not only will put you in contact with the appropriate resource but will also explain to you the process for getting help to pay the bill. (However, if you insisted on anonymity, you will not hear from the specialist, and this helpful information goes nowhere.)

If yes—The supervisor will also note whether she agrees with the specialist's code. The code is a label on how the report should be handled:

–"Urgent" means the child's situation should be investigated within 24 hours.
–"Routine" means within 10 days.

A "yes" report is forwarded to a DFS caseworker, who will investigate the child's situation as coded on the report.

Your part is over. Many thanks for your help.

Detecting Abuse… From previous page

welfare of children with disabilities, but that even professionals can be unsure about what they are seeing. Fortunately, when examiners are trained to understand the specific needs and signs of abuse among people with disabilities, they are better equipped to investigate and determine whether or not abuse has occurred.

Linda Shannon of DDFS expressed concern that anyone would feel their report was not taken seriously, saying, "the Division of Family Services has a policy of taking reports seriously—whether the person in question is able to express it verbally or not. Having a disability or an inability to speak for oneself should not EVER be a reason to reject a complaint or to refuse an investigation request." Shannon went on to say that if anyone ever felt their complaints were not taken seriously, she wants them to contact her so that she can address the problem personally. The Division also has a video tape about the investigative process, and it is available to anyone who would like to see a step-by-step explanation of the process. (Call 1-800-292-9582.) The DDFS investigative staff is trained to use more than verbal interviews to gather information, particularly because the most vulnerable abuse population is children too young to speak for themselves. Shannon asserts, "Professionals are taught a variety of investigative tools and observational skills that should leave them able to determine abuse reasonably accurately even if the person cannot speak for him or herself. They are also trained in developmental markers, so they can recognize things like delayed language, or failure to thrive, and so on. We use a lot of detailed criteria to investigate abuse."

Mary Anderson, Quality Assurance Administrator at the Delaware Division of Developmental Disabilities Services (DDDS), works with adults with disabilities. She concurs that more thorough training leads to better investigations. "For people with problems speaking clearly, we believe that behavior has a function. People always have a way to communicate; we just have to tap into it. It's not easy. You have to keep a close eye on people and pay attention to environmental changes. For instance, there might be changes in appearance, like mismatched clothes or changes in grooming. There could be several injuries all at once on the person's body, in various stages of healing. Personalities could change. Individuals can either want to be touched a lot, or not at all, or they can resist moving. Our consumers may also express trouble through bathroom incidents."

Clearly, anyone committed to protecting children and adults with disabilities from abuse is facing a tough job. But it is a rewarding job, worth the effort to do it well, and most social service professionals are motivated to improve the process. Although the process of preventing abuse should begin long before abuse has actually been observed, detecting it is an important step toward stopping it. To detect it, we must tune in carefully to the people who are supported by social services. Any child's behavior expresses individuality, which produces a wide range of possibilities that is impossible to boil down to a complete set of clear instructions for caregivers and investigators. However, awareness of the possible signs of abuse among children with disabilities could help the detection process a great deal. Once detection has taken place, the process of developing a treatment plan can begin. Current best practice would include a course of treatment that builds on family strengths, maximizes the ability to keep the family intact, and protects the abused person from any sort of harm while the problem is being addressed. In the interest of encouraging everyone to be more aware of signs that might indicate the occurrence of some form of abuse, the charts on Page 3 highlight some of the indicators currently acknowledged in the field of abuse prevention.

Signs to look for

Certain social environments seem to be fertile ground in which the chances of abuse can grow larger. People may be at higher risk for some form of abuse when these situations are present. Some indicators are more clearly physical or behavioral in nature. As noted in each chart, certain signs can indicate different types of abuse, whereas some seem to indicate almost any type could be occurring.

Families and Stress

We cannot make the assumption that children with a disability will be abused just because they have a disability. The presence of a disability alone does not cause abuse. What does research tell us about why children (and adults) with disabilities are more at risk for abuse?

Any new child brings stress to a family. When a child needs even more time, attention, resources, physical care, or medical treatment than the typical child needs, parents can be overwhelmed. Still, most families of children with disabilities do not abuse their children. The question becomes—why can some families cope, and even thrive, while others struggle and hurt their child?

What is stress?

McCubbin, Sussman, and Patterson in their book, *Social Stress and the Family,* define stress as something that impacts the family in a way that causes change. The family must adjust to the change itself. Change may be predictable, such as graduating from school or getting married. It may be unexpected, such as winning the lottery, having an accident, or the terrorist events of September 11. Whether the change is good or bad, predictable or unknown, change becomes a problem when family members feel disturbed by it (New York, The Haworth Press, 1983: p. 8). When change is a stressor, it typically impacts the family in one of these ways:

Father and son making time to play together

- new family members may appear (i.e., through marriage or re-marriage)
- family members may take on new roles or new ways of interacting with each other (i.e., as a result of a death or divorce), or
- family patterns and rituals change (i.e., work schedules change, the family moves and leaves their extended family).

Whatever the reason for the change, the family must deal with it and respond to any hardships that come with it.

Family resources and capacity

At least in part, families respond to stress based on their resources and their capacity for coping with problems. On Page 6 the article "Keeping child abuse out of the family dynamic" addresses financial resources. However, family resources are more than just financial, and they vary from family to family. The most important resource is the family itself; the sense that the collective needs are more important than any one person's needs, the affection family members feel for one another, the sharing of common values, and the family's ability to adapt to new situations and unanticipated obstacles.

The extended family is a critical family resource. Studies show that the more social support the family has, the greater its ability to adjust to crises and change. Caplan, cited in *Social Stress and the Family,* found that social support allows people to adapt more easily, and it appears to protect us from the physical and emotional health consequences of stress. Thus, resources include income, medical benefits, extended family, supports like church and friends, and the character and personalities of the various family members.

The lack of any of these resources increases the effect of stress from change. For families with few resources, the impact is the greatest. In their recent paper, *A Longitudinal Study of Parental Risk Factors,* Sidebotham and Golding found that risk factors for parents who abuse their children are: less than 20 years old, lower educational achievement, an absent father (for women) or experiencing institutional care during childhood (for men). The lack of resources these young parents have, i.e., few family members, inadequate education, and modest income, are all significant obstacles to overcome. The addition of a family member with a disability increases the magnitude of these obstacles considerably (*Child Abuse & Neglect* 25:1177-1200, 2001).

Preparing and sharing child-friendly food

Family definition

Every family has its own view about a change, how serious it is, and how to react to it. Some families accept a disability as a challenge to be lived up to. In these families, parents often take on new roles in service and advocacy, working to increase the quality of their child's life. They understand that they can impact the lives of others as well. Delaware parent Gary Mears has been known to say, "My life didn't really begin until my daughter was born." Families like the Mearses rely on their spiritual values to live their lives with new meaning and goals.

Families who believe that a disability is a stigma seem less likely to approach coping as a challenge to their resourcefulness. They may feel that they no longer have control over their lives. A common example of this attitude is the family that prides itself on academic success and is reluctant to expand their definition of "success" to include a child with intellectual delays.

Ultimately, the meaning that a family finds in nurturing a child with a disability is a reflection of their values and experiences in dealing with

Making a tasty drink with mom

life. The way they define the situation can either make it a worthy challenge to ensure that their child grows up successfully, or a reason for disappointment, or even shame. However, the meaning a family creates in their lives together is not solely a product of internal considerations. Outside influences, like changing societal values and increasing acceptance of people with disabilities are lending support to families, not only to manage a different life course and accommodate the person with a disability, but also to experience it positively.

Pile-up

Disability, like life, is not a one-time event. Life doesn't stop with this particular child or any one phase of life. Families may accept the disability, deal with it, and move on; but as children grow, change continues to occur and continues to bring new stresses associated with everyday life. Other children may exist, other life events happen, and soon the family can be dealing with a pile-up of stresses and strains. When pile-up occurs, a crisis may follow. There are five broad types of stressors that can move a pile-up into a crisis.

The initial stressor and its hardships

This category includes the disability itself and the additional needs related to it.

Normal growth and change in a family over time

All families change over time. Babies are born, moms return to work, grandparents die, and children grow up. But the pile-up gets deeper when we combine the stresses of normal change with the additional changes that families who have members with disabilities experience, i.e., finding services for children, moving from one service system to another, and aging out of school into adult systems. At each stage, parents must again seek services, learn about new rules, and assist their child and the entire family to make the transition.

Prior strains

Most families have strains left from previous events that are typically unstated, unresolved, and, often, unknown. When the family is faced with a new stressor, these old strains and stressors can resurface. For families with members with disabilities, there may be issues or expectations that cannot be addressed completely because of the nature of the disability itself. The child may never walk, speak, or become totally independent. These issues accumulate with other typical family strains. Things like relationships with in-laws, resentments about one parent leaving the workplace to take care of the child, or the second parent taking on an extra job to support the family tend to emerge when the family faces a new transition or stress event.

How families cope

Coping skills themselves can be a source of stress. For instance, behaviors that work well in the beginning, like having a drink before dinner to remove the "edge," can take on a life of their own and add to the pile-up. Coping can also take the form of denial or distancing oneself from dealing with the issue. Some people jump into the community, making themselves very busy with family issues but less available to the family members themselves. Others retreat from social interaction outside the family and become isolated. When coping is tangled up with denial, the coping process itself begins to drain energy.

Uncertainty in the family itself

There are social expectations about who families are, what they should be, and how they should react. A family member with a disability does not always fit easily into that picture of the family. Families need to recognize who participates as a member and who does not. This is true psychologically as well as physically. A spouse or grandparent, who copes through outside activity or denial and leaves important decision-making and support activities to others, may be physically present but emotionally distant. Another issue those in the disability community don't like to talk about is that families with children who have a disability may be more likely to divorce. This can add to the complexity of deciding who is a family member and who is not. Furthermore, a neighbor or friend may give support and assistance with decision-making and become a family member, further expanding the definition of the family.

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Successfully raising a child with a disability is a family challenge worthy of the entire community's support.

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In the end, the family is essentially made up of the people you can count on; it may not matter whether they are related or even physically present.

By now, you may be asking "How does a family process all of this information?" Looking at recent developments in social science research may give us a clue.

In the 90s, the area of family stress and abuse began to be investigated more carefully. For example, research by Burrell, Thompson, and Sexton (1994) found a clear connection between the lack of family resources and the potential for abuse. Therefore, if lack of resources is a factor contributing to abuse in any family, the issue of resources becomes even more critical for families with members with disabilities. The additional stress of dealing with a disability, and the pile-up that comes with it, may be the reason that abuse is more common in families of children with disabilities.

Family support appears to be a critical component in keeping families intact and ensuring that children and adults with disabilities are safe within their families. By providing necessary resources during the times that families need them, we can reduce the potential for abuse. Some community services that help are:

1) easily available information,
2) home visitors who can offer information and assistance with specific family concerns,
3) education about the possibilities for children with disabilities,
4) clearly coordinated early intervention and educational services,
5) opportunities for social connections to others.

MBNA Helen F. Graham Grants Program

The Helen F. Graham Grants Program Provides Valuable Support

Looking for a way to fund that creative idea?
The Helen F. Graham Grants Program may be your answer.

Readers of *delAware* can see from our masthead that the MBNA Helen F. Graham Grants Program has funded the three issues published this year. We, at the Center for Disabilities Studies, have benefited twice from the generosity of this program of the MBNA Foundation: first, for *delAware*, and more recently, for a distance learning project we are developing for foster families of adults with cognitive disabilities.

Fortunately, for those of us involved in disabilities supports and services in Delaware, the Helen F. Graham Grants Program funds initiatives that create opportunities for individuals with cognitive disabilities. The purpose is to promote and support programs that assist people with disabilities to become independent, self-sustaining individuals who live and work in our communities. The grants program supplements funds currently available to schools and community agencies, either for new initiatives or for expanding or enhancing current initiatives. It is particularly interested in, but not limited to these kinds of initiatives:

- Focused experiences that enhance and reinforce the achievement of specific educational objectives
- Joint projects among teachers, schools, or community organizations for improvements in education for people with disabilities
- Extended weekday, weekend, or summer educational programs
- Professional development opportunities that strengthen teachers' effectiveness and directly benefit students
- Programs that teach job skills, improve participants' employment prospects, or help in the transition from school to work
- Programs to improve participants' ability to function independently in the community

To be eligible for funding, organizations must be

- A public or tax-exempt 501(c)(3) private or parochial school in Delaware (teachers with classrooms in which fewer than 50% of the children have cognitive disabilities should apply to the Delaware Excellence in Education Grants Program) or
- A nonprofit 501(c)(3) community organization in Delaware

With federal and state funding sources becoming more difficult to secure, we are lucky that this grants program has opened. If you are interested in learning more about the program or in submitting a grant application, you will find all criteria and forms at www.mbnafoundation.org/hfgtwogrants.html or you may call the Helen F. Graham Grants Program at (302) 432-5250.

Keeping child abuse out of the family dynamic

Children can both inspire and challenge a family. "They offer you an opportunity to have a positive experience of family life," writes Ellen Bass and Laura Davis in *The Courage to Heal.* "But children also bring up unresolved feelings. They can restimulate memories, put you face-to-face with the ways you're like your parents, or remind you of your own vulnerability" (New York: Harper & Row, 1988: 270).

These unresolved feelings are the parents' responsibility. To resolve them, parents need to address their own issues and the stressors in their lives while simultaneously working to meet each family member's needs, including their own. It's a difficult balancing act, especially if you're undoing the past and redoing the present; the reward is a healthy family dynamic.

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Parenting is one of the most complex and demanding jobs anyone can undertake.

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"Parenting is one of the most complex and demanding jobs anyone can undertake," writes Bass and Davis. "Under the best circumstances, it's hard... [People] who approach parenting with a commitment to pay attention are able to make clear choices instead of working out of unconscious patterning" (*The Courage to Heal,* p. 272).

The following discussion lists a few of the ways that parents "[work] out of unconscious patterning." Defined by two Delaware professionals who see firsthand what families face, this discussion addresses the issues and stressors that test a healthy family dynamic. As liaison for Child Development Watch, Sarah Neale spends about half of her workday as a caseworker and the other half as a resource for the Division of Family Services. As a clinical psychologist specializing in family dynamics, Ellen L. Gay, Ph.D., sees children and their families who have been referred by area schools. Most of Gay's referrals come from the Red Clay and Brandywine School Districts; many also come from independent and parochial schools.

Included in this discussion are suggestions for parents coping with issues and stressors. Most are from Bass and Davis's chapter on "Children and Parenting" in *The Courage to Heal,* and all will help keep child abuse out of the family dynamic.

Defining and coping with the issues and stressors

A healthy family dynamic includes interactions that meet the needs of all family members. In contrast, an unhealthy family dynamic is one-sided, unbalanced; all the power is held by one person. According to Sarah Neale and Ellen Gay, the less functional the family dynamic is, the greater the chance for child abuse. And the more helpless a child seems, the more frustrating the child's behavior will appear to the parents.

"I believe," says Neale, "the cause and effect of maltreatment and developmental delays or disabilities in some children are intertwined. Children with developmental delays or disabilities are particularly vulnerable to child abuse or neglect [and] that child abuse or neglect may result in a developmental delay or disability. For example, if a small child is propped up in a highchair in front of the TV all day with absolutely no stimulation, physically or cognitively, it is possible that the child may present a motor or cognitive delay.

"The families I've worked with demonstrate key stressors, such as [a lack of] finances, substance abuse, and domestic violence," adds Neale. "[Children in these families] are at a much greater risk for abuse or neglect. A developmental delay or disability, in addition to those stressors, places the child at even more risk for abuse or neglect. A parent might not understand [that] the child is different [from] other children. The parent doesn't know or understand what is wrong, what to do about it, or who to turn to."

Even in the best circumstances, when the parents can meet the needs of a child with disabilities, the chance for abuse still exists. It all depends on the family's strengths, support network, and distribution of power.

"With no extended family or means to draw on other resources," explains Gay, "tensions will rise. Working parents especially, who accept and love a child with disabilities, [can] 'lose it' without adequate support."

"Our culture doesn't give much thought to the ways we interact with children," writes Bass and Davis, "often assuming that raising children just happens naturally... Making mistakes and trying out new approaches are natural parts of parenting. As your children grow, you grow, too. While it's not easy, learning to become a good parent—in your own estimation—is a rich and rewarding experience" (*The Courage to Heal,* p. 272-3).

Loss of the idealized child—Expecting a new baby can be the thrill of a lifetime. All sorts of possibilities exist—and then, your baby is diagnosed with a disability. Acknowledging the loss of your idealized life is a healthy first step toward regaining balance in the family dynamic. Because the parents are responsible for the health of the family dynamic, they need to address their issues of loss when a child's disability becomes evident. If they don't, the disability itself will make the child more vulnerable within the family.

For example, when family members believe that disability is a stigma, this negative view can affect how they feel about and consequently treat the child. In turn, when one family member is stigmatized, the entire family feels affected. As a result, the family's situation can become frustrating. A child with severe mental retardation or cerebral palsy, living in this home, may need protection from raging parents and siblings.

"The loss of the idealized child," notes Gay, "requires a period of grieving much the same as with a death in the family. A professional can help with this mourning process."

"It's very difficult to be objective about your relationship with your children," writes Bass and Davis. "You may feel defensive ('I'm doing the best I can'), or you may feel that any criticism of your children reflects badly on you.... If someone points out a problem in your parenting, try not to get too defensive. Instead, ask yourself if you think there's truth to what they're saying. If not, disregard their opinion. But if their criticism resonates with your own inner feelings that there's something wrong, then it's time to make changes that will benefit both you and your children" (*The Courage to Heal,* p. 273-4).

Denial—In psychological terms, denial is an unconscious defense mechanism that allows a person to refuse to acknowledge a painful reality. Because denial is unconscious, people in denial are often unaware of an abusive situation and their part in it.

When parents deny a child's disability, certain behaviors (reactions) become evident. "The parents may react by fleeing," begins Gay, "or by not following through with the child's prescribed treatment or by being angry, asking 'Why me?' and insisting 'It's not fair!' Some parents blame others and distance themselves from the professionals trying to help the child to function better.

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Acknowledging the loss of your idealized life is a healthy first step toward regaining balance in the family dynamic.

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"I often evaluate children with disabilities for the school," adds Gay, "because the parents can't see the need yet. I saw a child with ADD [attention deficit disorder] who needed medication, and his parents got angry with me and the school. They don't accept that their son needs medication; that's the denial."

"The majority of the families I work with," says Neale, "are active with the Division of Family Services. Some of these families go through the motions of cooperating because they feel they have to or their children will be taken away from them. If the family is designated as 'non-compliant' by the state, the biggest fear is losing their children. The frustrating piece for me is to get the parents actively involved, not because of their fear of losing their children, but because of their concern for their children's well-being."

"Overprotection," writes Bass and Davis of the overused excuse, "is an exaggeration of the healthy desire to keep children safe. If you're afraid, especially if you're unaware of the source of your fears, it's easy to become obsessive.... You may try to keep your children safe by limiting their activities, but children should have the mobility and freedom appropriate for their age. You need to overcome your fears, not pass them on.... If you're uncertain about the limits you're setting, talk with other parents. Getting feedback from others is a useful way to gauge if you're being overprotective" (*The Courage to Heal,* p. 280).

Emotional problems—Denial makes a lie of your life while creating another set of very real problems. When a parent can't see the needs of a child with a disability, emotional problems arise. When the problems become unmanageable, a frustrated child may become unmanageable, too.

"Unfortunately," notes Gay, "when a school puts its foot down and demands that parents in denial do something, the parents may take the child out of the school and put him or her in another, where the process begins all over again. The parents don't see that they're doing the child a tremendous disservice."

"I believe," says Neale, "that children with a developmental delay or disability may be more prone to abuse or neglect, particularly emotional abuse. A child with a speech delay, for example, may have a very difficult time communicating his or her needs. Combine this with a parent facing stressors, and you are likely to get a frustrated parent who [may] take it out on a child verbally.

"Emotional abuse is the most difficult of all types of abuse to prove," continues Neale. "However, I have witnessed emotional abuse over and over. This type of abuse primes children not only for emotional problems but also for disrespect for themselves and others."

"If your own boundaries were violated as a child," writes Bass and Davis, "you may have difficulty maintaining

appropriate boundaries with your children now, or you may be confused about what is appropriate.... Clear emotional boundaries enable you to experience yourself as separate from your children. You realize that they don't think and feel as you do, nor should they. Their interests and needs are different from yours and don't necessarily reflect on you. Assuming your own individuality and allowing your children theirs is respectful and healthy, though not always easy" (*The Courage to Heal,* p. 276).

Lack of control—Parents or caretakers need clear emotional boundaries; otherwise, they will react badly in stressful situations. Neale and Gay agree that these parents will be unable to control their frustration level or to listen with an open mind. The tendency, again, is to rage.

Some issues of control place certain children with special needs at higher risk. For example, a child with Down syndrome, asking openly for affection, can be vulnerable to a sexually abusive parent or caretaker.

"Usually," explains Gay, "children with Down syndrome are pretty willing and compliant, so they need to be protected from such abuse. This is where the family dynamic comes into play. The key is acceptance." In other words, people need to accept a child's disability so they know not only how to meet the child's needs but also how the child is vulnerable."

"Caretaking," writes Bass and Davis, "especially of small children, is very physical and it's not unusual for [people] to feel an occasional sexual response. If these feelings are neither consistent nor compelling, they are probably within a normal range. If, however, sexual desire for your children is strong or persistent, get help for yourself immediately.

"Be aware," advises Bass and Davis, "that children often test limits, sexually as well as in other areas. They experiment with boundaries regarding intimacy, closeness, and physical affection. They might try to touch you in sexual areas or try to get you to touch them. If your child is testing you in these ways, set limits firmly while staying affectionate" (*The Courage to Heal,* p. 277).

A healthy family dynamic includes interactions that meet the needs of all family members.

Lack of resources—A major stressor in any family is a lack of financial resources. The lack overwhelms a family that can't afford to meet the needs of a child with a disability, especially when the family has inadequate medical insurance or hasn't applied for Medicaid on the child's behalf.

"Most abuse takes place," notes Gay, "[when] people are frazzled. The biggest stressors are limited emotional and financial resources."

"A family who wants services," says Neale, "may not [know about or have access to] the resources that can help get them, like the cost of transportation or a phone. Delaware offers excellent resources and programs for children with developmental delays and disabilities. Without knowledge or access to these programs, the benefits [that] families are entitled to receive are very limited. Therefore, I try to educate families and help them become proactive (instead of reactive)."

Helpful resources need to include books and programs for the child with disabilities that are appropriate for the child's individual skill level. According to Bass and Davis, "Teaching children personal safety skills so they can protect themselves will replace their fear with self-confidence. Children need to know that they have choices, that they can say no, and that they are capable of protecting themselves in a variety of ways" (*The Courage to Heal,* p. 281).

"We have a lot of built-in supports in Delaware," emphasizes Gay. "Use them! Seek help! Go to the school. Talk to your child's teacher or counselor. Go to a mental health worker. Talk to someone at the Division of Family Services, Child Protective Services, Jewish Family Services. These numbers are in the blue pages of your phone book. Talk to anyone who can get you to the right resources!"

How to find help

If you feel that you, or someone you know, could benefit from talking to someone about how to stop abuse before it starts by coping with family stress, please call someone who can help you find relief before the situation leads you to do something you'll regret. Examples of local services that can provide help are listed below.

Children and Families First
(counseling for Spanish speaking families) .... (302) 655-6486

CONTACT Delaware *(24 Hour Hotline)*
New Castle County .... (302) 761-9100
Kent/Sussex Counties .... (800) 262-9800
Statewide Hearing Impaired Helpline .... (302) 761-9700

Delaware Helpline .... (800) 464-4357

Delawareans United to Prevent Child Abuse
New Castle County .... (302) 996-5444
Kent County .... (302) 674-1112
Sussex County .... (302) 856-1737

Families in Transition Hotline .... (302) 422-8058

Warmline—Parent Support/Information
New Castle County—Child, Inc. .... (302) 762-8938
Kent/Sussex Counties—Child, Inc. .... (800) 874-2070

The above information has been provided to *delAware* by:

- Delaware Division of Family Services, via Linda M. Shannon, Intake & Investigations Program Manager. If you would like more information, or a copy of the Division's video on the abuse investigation process, you can reach Ms. Shannon's office by calling (302) 633-2664.
- Child, Inc., 507 Philadelphia Pike, Wilmington. Please call (302) 732-8938 or visit their website, www.childinc.com, if you would like more information on the many services they offer to children and families across the state of Delaware, which include Family Support and Parent Education Services.

Office of Prevention and Early Intervention, Children's Trust Fund & Prevent Child Abuse Delaware

Preventing abuse of Delaware's children

Child abuse was obviously an issue that needed to be addressed when Frank Boxwill and his colleagues formed a small unit of consultants within the Delaware Division of Child Mental Health Services. Immediately, the unit received a surprisingly high number of referrals from Head Start and other preschool programs.

"When the unit was formed in 1989," says Boxwill, "[two staff members] provided training and consultation to the early childhood education programs. At that time, the focus was on 3- to 5-year-old children who exhibited challenging behaviors in the classroom. On-site consultations for parents and teachers were provided as a way to assist those caring for the children in addressing the children's needs."

In July 2001, Boxwill's unit was annexed by the Department of Services for Children, Youth, and Their Families Office of Prevention and Early Intervention. The move added mental health to the Office of Prevention agenda and four more staff members with varied backgrounds in training, consultation, psychotherapy, family counseling, and education. Known today as the Community Consultation for Early Childhood Education Programs, the array of services continues to look at the behaviors exhibited by a child. The reason: a child reflects what is experienced and learned in the home and school.

"We provide parents and teachers with knowledge and an understanding of why children exhibit specific behaviors," explains Boxwill. "When we consult with a family and preschool staff, our first task is to have those [people who are] close to the child give information about the child [and write] the child's 'story,' which encompasses a brief history of the child's development from birth to the present. Because the parents and caregivers spend a great deal of time with the child and have a firm grasp on what the child's behavior looks like in the home and in the classroom, we rely very heavily on what they have to share about the child."

To prevent abuse of Delaware's children, the entire preschool population qualifies for the services offered by the programs. "The goal here," states Boxwill, the current mental health program administrator at the Terry Children's Psychiatric Center, "is to help preschool staff understand that, through changing certain aspects of the child's environment, most challenging behaviors can be reduced."

To that end, four training programs are available within Community Consultation:

- I Can Problem Solve is a prevention program that preschool teaching staff can use to teach children how to become their own problem solvers.
- Positive Behavior Support introduces a process for achieving positive behavioral change by engaging those people who are involved with child in assisting that child with building on his or her strengths, gifts, and talents.
- Training of the Trainer provides the skills, knowledge, and techniques that make an effective trainer.
- Promoting the Development of Infant/ Toddler Mental Health

(Continued on next page)

Preventing Abuse… From previous page

offers teachers the skills and knowledge needed for positive approaches that enhance the social and emotional development of children up to the age of 3.

For more information, call (302) 577-4270, extension 3079.

Weaving prevention into the fabric of experience

Children's Trust Fund promotes and produces primary programs aimed specifically at preventing child abuse. Addressing such issues as violence, sexual abuse, and safety on the streets, these programs are accessible to all backgrounds and available in any community, whether rural or inner-city, at times when people will attend. Two examples of facilities that house these programs are the Boys & Girls Clubs of Delaware (where the Trust Fund's offices are located) and the Latin American Community Center in Wilmington.

There's a Children's Trust Fund in every state and Washington, D.C., but Delaware's executive director prefers The First State's autonomous structure: "Because we're autonomous, we're not limited to who we can fund," says Richard Donges. "We look for the best programs as well as individuals and church groups who are the best at delivering a service in the community. "I also like that the Trust Fund is a state-linked ongoing program with the Boys & Girls Clubs," adds Donges, "because the message is reinforced over time. It's not a one-shot deal. It's all woven into the fabric of the experience here. And the message is being relayed by qualified professionals. [People with master's degrees in Social Work] volunteer their time on subjects like healthy lifestyle, how to avoid danger, conflict resolution, and sex abuse prevention."

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Ideally, we want to stop the abuse from ever happening—but we also want to stop it from ever happening again.

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One of the Fund's many prevention programs involves respite. The short-term goal is to stabilize a family in crisis. The long-term goal is to keep the family together.

"The statistics prove that children with families receiving prevention-respite care are less likely to experience abuse," explains Donges. "Our goal is to develop a network of respite services that are accessible and available in both the short and long term. That's why we're always looking for good programs that address the needs of children with disabilities and their families."

For example, a few years ago, a portion of the respite program was funded with United Cerebral Palsy. Set up for children with gastrointestinal tubes and extreme physical needs, this program offered a quality day camp for the entire summer. Appropriate transportation made sure the children arrived safely each day. In turn, responsibility for the children's care was taken out of their parents' hands for the day. Donges hopes this program will be available again this summer.

The Children's Trust Fund also addresses some secondary prevention programs, which work with parents who have had abuse problems in the family and want to stop the pattern. "Ideally," says Donges, "we want to stop the abuse from ever happening—but we also want to stop it from ever happening again."

For more information, call (302) 836-8550 or go online at www.ChildrensTrustFund.org.

Community prevention efforts: What can each of us do to help?

Another key player in Delaware's efforts to prevent child abuse is Prevent Child Abuse Delaware. The local branch, which arrived in Delaware in 1977, serves more than 20,000 children and families every year. Its varied services for consumers and professionals dedicated to the primary prevention of child abuse are all influenced by the idea that people need to have a better sense of what strategies are most effective. Karen DeRasmos, Director, explains, "Most people know child abuse is a problem, but aren't quite sure what to do about it. Abuse is preventable in most cases, if the most appropriate approach is used." For example, when addressing the needs of families who have a member with disabilities, the agency is aware that any interventions need to be particularly sensitive about addressing family stressors. "No matter what age the family member who has disabilities is," says DeRasmos, "we try to help all family members cope with their stresses and support them all as much as possible."

Doing "hands-on" holiday preparations together

Further asserting the belief that more prevention could occur if people just knew more about how to help at the community level, Prevent Child Abuse Delaware's website includes a summary of ways to actively prevent child abuse before it starts. Suggestions include making sure children (and people with disabilities of any age) feel valued and encouraged. Troubleshooting other parents in the community and offering help to those who seem overwhelmed are also important. Extending this idea, it is also crucial to reflect on one's own level of stress and get help if it is needed. This includes both self-awareness of current stress and past family patterns and experiences that might affect your ability to cope effectively. Finally, Prevent Child Abuse Delaware encourages community members to volunteer for any program serving parents and children in need, and to support prevention efforts in any way realistically possible.

For more information, call (302) 254-4611 or go online at http://members.aol.com/dupca/.

DELAWARE

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