

Starting at the Frontlines: An Interview with Deanne Tilton Durfee

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Deanne Tilton Durfee began her career in 1964 as a frontline social worker in general relief and aid to families with dependent children. The child welfare system was still in its infancy, with most cases of child endangerment managed by probation officers. Through her career, she would contribute to the development of the child welfare system as it stands. Having studied sociology at the University of California, Santa Barbara, with minors in political science and anthropology, Tilton Durfee was already equipped with a unique vantage point. From here, she would recognize the intersection of power, society, culture, and human experience as she gained valuable experience working in the field of child maltreatment and in navigating systems of care. She was also awarded a Doctorate in Humanities, *honoris causa*, from the Chicago School of Professional Psychology for her significant contribution to the field.

When she was still working as a social worker in general relief and aid to families, she visited a home in response to general concerns about welfare as relatives out-of-state were concerned about the family, which included two children. She went to the home to find a little boy at the door and his mother sitting emaciated on a chair. The boy told her he was staying home to take care of his mother,

who had “stomach problems.” The boy and his sister traded off caretaking responsibilities, and their father was also reported as ill in the back room. She was certain that this family needed help—that the mother and father needed medical care and that the children could not be kept home in this way. After consulting with her supervisor, she returned to the children’s home the next day only to be greeted by staff from the coroner’s office. The father had already been deceased for some time. Shortly thereafter, the mother also lost her life. At that time a young social worker, Tilton was tasked with the daunting responsibility not only of finding a good foster home for the two children, but also of informing them that their mother and father were both dead.

The sensitivity with which she managed this case then led to her selection as part of an elite unit of child welfare workers that would be dedicated to working with endangered children, child abuse, and foster care. Soon thereafter, the dependency court would become separated from probation, and Tilton Durfee became the first child welfare social worker tasked with filing reports regarding children in need of protection to the dependency court. She then worked as a supervisor and a liaison between the Department of Public Social Services and the juvenile court, playing a key role in facilitating transfer of the cases from probation to welfare services. She eventually also served as Regional Service Administrator.

In 1977, the Los Angeles Board of Supervisors decided to create the Interagency Council on Child Abuse and Neglect (ICAN) and asked Tilton to serve as the coordinator for this group, which consisted

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of nine department heads from different agencies, including law enforcement health, mental health, schools, and child welfare. As she began working in a more administrative capacity, she knew the risks of become disconnected from field work and direct interactions and relationships with the children she sought to serve. She specifically asked for an office at MacLaren Hall, saying, “I don’t want to forget why I’m doing this. I don’t want to be in an ivory tower.” She would work to bring a wide range of agencies together, giving her a unique perspective on what would be most effective in child abuse prevention.

It was also at MacLaren Hall that Tilton Durfee would cross paths with Michael Durfee, a child psychiatrist also working at McClaren Hall. Michael Durfee raised the issue of fatal child abuse, which led to the first child death review team in 1978, an important part of the work that ICAN has accomplished over the years. That year, Elaine Trebek Kares would also approach Tilton Durfee to strategize the best way to prevent child abuse in the community. In 1978, Tilton Durfee, along with a group of prominent individuals, including Elaine and Alex Trebek, formed ICAN Associates, a nonprofit 501(c)(3) charity corporation that supports projects informed and recommended by ICAN, its public partner. Projects sponsored by ICAN Associates have included the Neighborhood Family Center and multiple interprofessional conferences and campaigns to raise public awareness regarding issues related to child abuse and neglect.

Influencing Policy at the State and National Levels

In 1985, Tilton Durfee was appointed by the governor of California to the State Social Services Advisory Board. She was also commissioner on the California Attorney General’s Commission on the Enforcement of Child Abuse Laws and appointed by the governor to the California Child Victim Witness Judicial Advisory Committee. She also served as the president of the California Consortium of Child Abuse Councils, the state chapter of the National Committee for Prevention of Child Abuse.

For five years, she served nationally as a member of the Board of Directors of the National Committee for Prevention of Child Abuse (NCPA), which became Prevent Child Abuse America. Additionally, as a member of the U.S. Attorney General’s Commission on Pornography, she put forth numerous recommendations for the protection of children from sexual abuse in relation to pornography, which included making even possession of child pornography illegal.

In 1989, she was appointed to the U.S. Advisory Board on Child Abuse and Neglect, and in 1993, she was elected as the first female chair of the advisory board. This board conducted a two-year national study on fatal child abuse and neglect and spoke with professionals, volunteers, and families from different areas of the country about fatal child abuse and neglect, eventually putting together a document called “A Nation’s Shame.” Tilton Durfee then traveled all around the world with Michael Durfee, presenting on fatal child abuse and neglect. She even learned Portuguese for her opening presentation in Portugal! In 2011, she also served as part of the Attorney General’s National Task Force on Children Exposed to Violence.

Recent Work and Ongoing Challenges

Deanne Tilton Durfee currently serves as the Executive Director of the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN), which is one of the largest child abuse councils in the country with 27 public agencies and 12 community child abuse councils throughout the county. In addition, she manages the Los Angeles County Child Death Review Team and is currently working to re-establish the state child death review council. Tilton Durfee reported that the major issues of focus currently include issues of grief for children who survive fatal domestic violence or child abuse. Other current issues of high impact include those related to forms of discrimination against LGBTQI youth, which result in adverse outcomes for youth, and those related to substance abuse. She also successfully inspired the Los Angeles County Board of Supervisors to require all county agencies to

become no hit zones.

Ms. Tilton Durfee described the challenges of interagency work, especially coming from her background in child welfare and especially as a young woman. At times, criticism and condescension were directed toward her because she was seen as representing the child welfare system. Beyond this, she also quickly noticed distrust and skepticism between different professionals and agencies that could quickly escalate to become barriers to collaboration. She persevered in her efforts, however, emphasizing that while not everyone needed to like each other, they all did need one another to help children. Once this basic understanding of interdependency was established, important work could be done. In all her work with different professionals, she strove to always respect the work others do. She remarked, “It was never going to work to challenge people to act in ways contrary to what they believed in.”

She noted, nonetheless, that to this day, there is still a persistence of silo-based thinking. For example, mental health professionals see their primary responsibility as that of “treating mental illness, not child abuse,” despite the profound and long-term impact child maltreatment may have on mental health and illness. On the one hand, she acknowledged the critical role that mental health providers play in treating perpetrators of abuse who often suffer from mental illness or substance abuse issues, including postpartum depression and postpartum psychosis. On the other hand, she said that when there is no pre-established or evident mental illness in a caregiver, for example, mental health providers exhibit a greater reluctance to “get involved” with child protection.

Another related barrier to progress in the field of child maltreatment, she described, is that despite legislation allowing sharing of information to prevent child abuse and neglect, “There are still many agencies and individuals holding on to information that they do not want to share,” even when it is relevant and helpful for the prevention of child abuse. Again, with groups such as the child death review or

abduction task force, sharing information has been extremely helpful, and members of these teams or councils have grown to understand the importance of this sharing of information. The Family and Children’s Index (FCI), for example, has also been pivotal in allowing ten different agencies to look up a given family’s contact with one or more of the other agencies. But outside of these specialized councils and outside the FCI, there is still hefty resistance to cross-agency information sharing.

The Past, Present, and Future of APSAC

Tilton Durfee said she believes APSAC has played a pivotal role in bringing together individuals from different professions and agencies to work on common issues relevant to child protection. Another area in which APSAC has helped to develop is the question of how we should talk to children. After all, she added, “Abused children rarely report themselves.” She described how APSAC has been particularly instrumental in raising awareness of and improving practices in child forensic interviewing, not only to minimize risk of trauma for the children, but also to increase the amount of information an interviewer may elicit from a child in a nonsuggestive, open-ended manner.

For the future, Tilton Durfee said she wonders if raising public awareness of emotional maltreatment is an issue that can be strategically addressed by APSAC in coming years. She reported that the likely reason emotional abuse or neglect will often not make its way into the child protection system is that there needs to be a medically diagnosed effect of the emotional abuse, and challenges involve both resistance to information sharing and training of mental health professionals. She has also witnessed the profound effects of emotional neglect, wherein there is nothing given to the child in terms of affection, love, or approval in some form. Public awareness, she believes, is particularly important for informal community sanctioning, and such public awareness needs to rise out of listening to the people that have experienced childhood emotional abuse and suffered its consequences, such as depression and attempted suicide.

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Author's Reflections: A Need to Look Outward

I admire the work that Deanne Tilton Durfee has done, fighting tirelessly to bridge and enable communication between individuals and agencies with vastly differing perspectives. Unfortunately, I agree with Ms. Tilton Durfee that while progress has been made among a subset of individuals and teams or councils, the same cannot be said more broadly about all the involved agencies. Examples of communication and willingness to collaborate between agencies are often sparse, even nonexistent. There are invisible (and sometimes even visible) forces that lead to favoring of the status quo and the insularity of silos, enabling every silo to blame the others for negative outcomes or to blame themselves only to burn out, resulting in poor retention rates.

It is a problem in medicine that perhaps instead of seeing ourselves as healers, we have begun to see ourselves as diagnosticians and prescribers. Part of this, of course, is due to external pressures placed by insurance companies and administrators. Others may argue that these changes are a result of inevitable specialization due to the limitations of any one individual physician. But don't we owe it to ourselves,

and the children we serve, that different parts and pieces of the process are aligned for continuity and effectiveness? "First, do no harm," is a popular adage in medicine. Yet for cases wherein the causal or at least a contributing factor is child maltreatment, is hastily diagnosing the child as the one with "illness," or medicating them, or both, not a manner of inflicting more harm?

If you are reading this article, you are likely already invested in the work of reducing child maltreatment, and I know that many of you have a wealth of knowledge and experience about child maltreatment. But many children who are victims of abuse and neglect may not ever see a specialized professional. Even if they do see one of you at some point, they will undoubtedly also see many other service providers who are more likely to see the child or the child's illness as the problem. APSAC provides a wealth of resources and training, but how many of the other professionals in your field would recognize the acronym APSAC? What would it look like for each of us to take bold steps outward toward those who have never even heard of APSAC?

About the Author

Jiwon Helen Wyman, MD, MATS, is a child and adolescent psychiatrist at the Violence Intervention Program in Los Angeles County, where she treats victims of abuse and neglect. She is also currently working on a review of California case law on child psychological maltreatment and a guide on applying child forensic interviewing techniques to clinical settings.

Reference

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