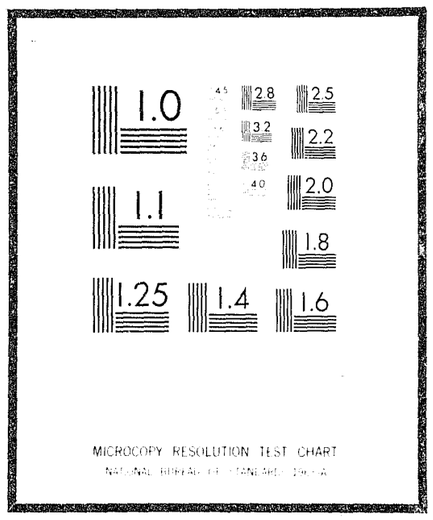

CHILD ABUSE AND NEGLECT:

A Report on the Status of the Research

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Maure Hurt, Jr.

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CHILD ABUSE AND NEGLECT —

A Report on the Status of the Research

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Preface

This report on the status of research on child abuse and neglect is to provide preliminary information which will assist the newly established National Center on Child Abuse and Neglect.

The Center, an agency within the U.S. Department of Health, Education, and Welfare, was established in accordance with the provisions of the Child Abuse Prevention and Treatment Act, which became law on January 31, 1974. The text of the Child Abuse Prevention and Treatment Act is presented in Appendix A.

The Act specifies six primary functions for the Center:

- compile, analyze, and publish an annual summary of recent and current research on child abuse and neglect (this report)
- establish a clearinghouse for information on programs directed at child abuse and neglect
- prepare training materials for those engaged in work on child abuse and neglect
- provide technical assistance to organizations conducting research and demonstration projects
- conduct research into the causes, prevention, identification, and treatment of child abuse and neglect
- make a study of the national incidence of child abuse and neglect.

This report deals primarily with the status of research, rather than with child abuse and neglect *per se*. Its main purpose is to inform professionals, members of government, and the concerned public of research projects that are in progress or that have been completed. Full information on specific projects may be obtained from the individual project directors.

To present a coherent view of research in the field, the body of this report takes the form of a discussion of broad problems and the various research and demonstration projects relevant to those problems. Chapter I describes the background of our present perception of child abuse and neglect, and past difficulties of defining and solving the problems. Chapter II focuses on the people involved—parents and children, on their environment, and on the effects of child abuse and neglect on both groups. Chapter III deals with the problems of determining the extent of child abuse and neglect, including public awareness, means for reporting and recording meaningful information, some of the obstacles to reporting, and the special role of the hospital emergency team in diagnosing and reporting child abuse. Chapter IV discusses intervention in the family to prevent or reduce the likelihood of recurrence of abuse.

In addition to the cited references, three appendices are included: the text of the Child Abuse Prevention and Treatment Act, abstracts of current Federal research and demonstration projects on child abuse and neglect, and an annotated bibliography of research on child abuse and neglect.

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CHAPTER I

The Context of Research

Child abuse and neglect represent a painful paradox. Our society traditionally places high value on the welfare of children and the integrity of families. We have mobilized opinion and developed social institutions to support both children and their families. Yet, faced with the abuse and neglect of children by their parents or other caregivers, we have been reluctant to address the problem. We are only beginning to recognize the extent of the problem today, and we have been slow to develop comprehensive means for dealing with it.

One difficulty has been our changing perception of child abuse and neglect. Some of the actions we now label abuse were once the commonplaces of daily life, and what is common in some places today is taken for abuse in others. (The following discussion of changing perceptions is indebted to the manuscript *Child Abuse: A Handbook,* by John B. Reinhart, Elizabeth Elmer, Sue Evans, and Gordon Fisher, NIMH Center for Studies of Crime and Delinquency, Rockville, Maryland.)

The conventional wisdom of the past has considered it bad parenting to spare either the rod or the child. Only recently has the idea of children's rights been generally accepted. During the greater part of our history, children could expect little protection, even from the law.

Thinking about children was once focused more on responsibility to help support their families than on their welfare. We have had laws requiring the indenture of young children whose parents could not provide for them. These children, often as young as seven or eight, were sent to live with strangers to learn a trade, and the new masters could treat the children however they pleased without fear of legal intervention. As late as 1860, only four states had a minimum age for the full-time employment of children. The ages ranged from nine to thirteen. Within living memory, three-year-olds were employed making cigars and twelve-year-olds were working 60-hour weeks. Not until the massive unemployment of the 1930's did we begin to exercise effective control of child labor on a national scale. But even today in some parts of the United States, as in many other countries, child labor is regarded as a simple economic necessity.

In much the same way, our perceptions of the abuse and neglect of children have changed. Over the centuries, what we now call abuse has been far closer to the norm than we like to remember. Abandoning or killing unwanted children was once routine in many cultures. Mutilation of children for display as freaks or performers was also common. In recent centuries, some respectable theological opinion has held that children are depraved at birth and must be treated accordingly. Disciplinary methods have been brutal, frequently with the expressed purpose of "breaking" the child's will.

As our affluence has increased, as the utility of children's labor has declined, and as we have learned more about child development, our perceptions of what constitutes adequate child care continue to evolve. Today, there is little question that most parents in the United States give their children better care than did average parents during the greater part of human history.

But, ironically, our progress has blinded us to clear evidence that large numbers of children still suffer serious physical and psychological damage inflicted knowingly and repeatedly by their parents. Most people assume that, in this century, today's children are protected from exploitation and enjoy the consistent love, nurture, and protection of their families. The public is keenly aware of military violence, of violence in racial clashes, and of violent crime, yet remains unaware of violence within families.

Even those whose professions bring them into direct contact with children who have been physically abused have been reluctant to recognize the problem. In 1946, Dr. John Caffey, a pediatric radiologist, published his findings that fractures of the long bones and subdural hematoma (bleeding under the outer membrane surrounding the brain) often occur together in infants. He suggested the then novel idea that the common denominator of both types of injury might be accidental or willful trauma, perhaps inflicted by the parents. Dr. Caffey has been compiling evidence since the early 1920's, but the skepticism of his colleagues has made him reluctant to publish it. Even in 1946, other physicians paid little attention.

In 1953, Dr. F.N. Silverman reported that physical injury is the most common bone "disease" in infants, and commented on the reluctance of the medical profession to consider the possibility that some of these injuries might be caused by parental abuse. Awareness slowly began to grow, and in 1962, when Dr. C. Henry Kempe and his associates first used the phrase "the battered child," widespread public and professional attention fi-

nally began to focus on the problem.

Our perception of the existence of child abuse and neglect is now far in advance of our ability to cope with the problem. Despite the intensive research efforts of the last several years, our understanding of the nature, scope, and treatment of child abuse and neglect is still rudimentary.

The difficulties in the way of research progress are those that might be expected in any new field.

One problem has been the lack of generally accepted definitions of abuse and neglect. As a result, there is often little distinction between the two; researchers and professionals work using varying definitions; and child abuse statues differ from state to state.

Probably everyone could agree that a beating resulting in a child's broken bones is clearly a case of abuse. But what about repeated spanking that does not cause such extreme injury? Again, a child who is undernourished and dehydrated due to parental indifference is clearly neglected. But what about a child who eats plenty of food, but lacks a properly balanced diet?

Definitions of psychological abuse and neglect are similarly easy to formulate when the cases are extreme, but in operation, clear lines of distinction blur into shades of gray. What about the child who is generally well treated but who lacks affection?

The absence of a standard definition is one reason for a second major problem in studying child abuse and neglect: inadequate detection and reporting. Physicians and other professionals required to report cases of abuse and neglect often hesitate or fail to report when they are not sure the child has been mistreated, and uncertain what standard might be applied to determine the existence of abuse or neglect.

Many states do not have a reliable system for detecting and reporting abuse and neglect, and there is no such system for the nation as a whole, although efforts are being made to develop such a system. One result is a lack of reliable data for determining the incidence of abuse and neglect, statewide or nationwide. Most studies have necessarily relied on cases reported. These reports contain various internal biases, and the total of reported cases is obviously less than the total of incidents by an amount which can only be estimated.

A major pioneering effort to determine the extent of child abuse and neglect was the analysis of Kempe *et al.* in 1962. Kempe made a nationwide survey both of hospital records of abused children, and of district attorneys' records of court cases involving abused and neglected children. He received responses from 71 hospitals and 77 district attorneys. The hospitals reported a total of 302 cases, including 33 deaths and 85 cases of permanent brain damage. The district attorneys reported 447 cases, of which 45 resulted in death and 29 in permanent brain damage. The death rate in both groups was about 10 percent, a figure found by a number of other studies. Kempe did not comment on the known or inferred biases in the study nor on the possible reasons why some hospitals and district attorneys did not respond.

Dr. David Gil and a group at Brandeis University made three related studies of physical abuse, beginning in 1965 and culminating with the publication of a book, *Violence Against Children* in 1970. The first study, the California Pilot Study, was a preparation for a later nationwide study. In 1965, California had instituted a central registry which recorded all cases of child abuse and neglect reported within the state. Examining these records, Gil and his associates concluded that 123 incidents could be classified as physical child abuse. Extrapolating the data produced an estimated 1,174 incidents for the first full year of legal reporting in the state.

The second study was a public opinion survey conducted by the National Opinion Research Center. NORC questioned a nationwide random sample of adults to determine how many had personal knowledge of an incident within the preceding year in which a child was physically injured or killed by a parent or other caretaker. Gil concluded that between 2.5 million and 4.1 million adults had personal knowledge of a case of abuse within that year.*

Finally, Gil and his group conducted their Nationwide Epidemiological Study of Child Abuse, an examination of the central registry, or other sources of data, in each of the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands. The study showed that for the entire nation, 5,993 cases of abuse were reported in 1967, and 6,617 cases in 1968. These figures are almost certainly far below the actual incidence of child abuse, and seem to confirm the inadequacy of reporting.

Recent developments in two states, New York and Florida, provide an even more striking demonstration of the need to improve reporting.

In New York City, an intensive public information campaign was conducted from 1966 to 1970 to inform the health care professionals and the general public of the problems of child abuse (Solomon, 1970). During this period, reporting in the city increased by 549 percent. In 1970, data for the first 10 months of the year were projected to give a year's total of 2,700 reports in the city. For the rest of the state, with a population about

*Figures rounded to one decimal place.

equal to that of the city but without the public information campaign, the projected total was 400.

Experience in Florida was even more startling. A 24-hour "hotline" was set up for easy, anonymous reporting; a central registry was established; and a massive statewide publicity campaign called attention to the existence of child abuse and neglect and the new reporting mechanisms. The result was an increase in reports—from a total of 39 in the two-year period, 1967–1968 (Gil, 1970), to 48,814 in the 23-month period from November 1971 through September 1973 (Price, personal communication, 1974). Even though only 17,662 of these reported incidents required further social services, with public awareness and an efficient reporting system, Florida reported several times the total number of actual reports found by Gil for the entire nation.

The problems encountered in early research efforts do not diminish the importance of the results. Despite the obstacles, many researchers have achieved important insights; demonstration projects have shown impressive results; and some states and localities have made significant progress in collecting and recording accurate data. But in attacking the problem of child abuse and neglect, with its conceptual complexities, emotional stresses, and legal ambiguities, the lack of coherence has been a serious impediment. With the establishment of the National Center on Child Abuse and Neglect, researchers gain a valuable resource for more accurate, more systematic, and more comprehensive work in the future.

CHAPTER II

Characteristics of Abuse and Neglect

Deliberate abuse of a child by its parents is regarded by many as monstrous and unnatural. In fact a number of researchers (Silver *et al.*, 1969, and Caffey, 1972b) have found that disbelief in even the possibility of child abuse has ruled out that diagnosis.

The question remains, how can parents do these things? A major part of the research effort in the field has been focused on understanding what happens when a child is abused or neglected.

Dr. Ray Helfer (Kempe & Helfer, 1972) has identified three major contributing variables in an incident of abuse:

PARENT + CHILD + SITUATION = ABUSE

The same variables are present in neglect. Helfer's formulation points out that each incident contains all three elements, and most researchers have been aware that no single element provides a sufficient explanation. Still, research studies tend to focus on one of the three rather than all the elements at once. This chapter reports research on the characteristics of parents who abuse or neglect their children; of the children who are abused or neglected; of the situations in which abuse and neglect typically occur; and of the long- and short-term effects of abuse on both parents and children.

Characteristics of Parents

Many researchers have attempted to analyze and describe the characteristics of parents who abuse their children. One of the earliest reports is from Ambroise Tardieu (cited in Silverman, 1972). Writing in the 1860's in France, Tardieu described the syndrome which Kempe *et al.* (1962) now call the Battered Child Syndrome, and which Caffey calls the Parent-Infant Traumatic Stress Syndrome (PITS 1972b). Tardieu described some of the behavioral characteristics of the abusing parent, and also identified environmental conditions that may be associated with abuse, including unemployment and social isolation. Many of his results are wholly consistent with modern research findings.

Several of the present day research efforts have attempted to go beyond description to the formulation of predictive models based on the characteristics of abusing parents. The models would be used to determine when the children could safely be left with their parents, when they should be separated from the parents, and when the parents, with proper treatment and adequate social services, could safely be reunited with their children. Delsordo (1963), Zalba (1967), and Boisvert (1972) have made contributions to such a predictive model.

Delsordo devised five categories for the classification

of abusing parents:

Category	Intervention
1. Mentally ill	Termination of rights
2. Overflow abuse	Termination of rights
3. Battered child	Termination of rights
4. Disciplinary abuse	Agency intervenes with service
5. Misplaced abuse	Agency intervenes with service

1. Abusers found to be mentally ill are unfit parents who need hospitalization and psychiatric treatment. Termination of parental rights may be indicated in these cases.
2. Parents exhibiting overflow abuse are unable to cope with ". . . their own frustrations, irresponsibility, and lack of belief in themselves and anything else." They compensate by abusing anyone or anything, especially a child, who becomes a burden for them. They lack the mental and physical energy necessary to establish a healthy family environment. Termination of parental rights is suggested.
3. The parents of battered children regard the child as a competitor or a special burden and feel that he must be made to suffer or even be destroyed. These parents frequently project their own undesirable traits onto the child. They are typically dependent personalities. Delsordo believes that since they can seldom be rehabilitated, their parental rights should be terminated.
4. Parents who practice disciplinary abuse rely on stringent physical punishment to "correct" the child's real or imagined transgressions. These faults are often beyond the child's control and the punishment may be extreme—much more severe than the ordinary spanking—and may result in damage to internal organs or brain damage in infants. Delsordo feels that most of these parents can be treated successfully through intervention. Duncan (1973) believes that essentially the same type of abuse can occur in school districts which permit corporal punishment.
5. Misplaced abuse is the result of displaced aggression. For example, a woman who is beaten by her husband may abuse her child rather than show aggression toward the husband. Delsordo believes that these parents can be helped through counseling and effective social work.

The predictive value of Delsordo's categories has not been thoroughly established, but the categories do seem to be consistent with the personality characteristics and motivational factors discovered by other investigators in more empirical studies. Boisvert (1972) analyzed a sample of 20 abuse cases and found that Delsordo's categories served to describe them with only slight modification.

A number of other investigators, using data from case records or personal interviews, have developed lists of personality characteristics of parents who abuse or neglect their children. A study by Holter and Friedman (1968b) found that parents of abused children are typically immature, dependent, impulsive, rigid, self-centered, and rejecting.

Gregg and Elmer (1969) studied and compared two groups of parents—one whose infants had been injured accidentally, and another whose children had been abused. The study showed that parents in the abusing group came from lower socioeconomic levels than those in the "accident" group. Abusive parents also had significantly less knowledge of developmental skills of infants; they had noticeably lower ability to provide medical and health care for their children, both in sickness and in health; and the level of environmental stress in their homes was higher.

Bennie and Sclare (1969) depict the abusive parent as one with personality inadequacies and impulsive behavior. The parent becomes sadistic in displacing aggression which results from domestic and marital relationships. The family environment typically has a high level of stress. Feinstein *et al.* (1964) note the special case of the mother who is abused by the father and in turn abuses her child, but only if the child is a male.

Various investigators, including DeLissovoy (1973), Bullard *et al.* (1967), and Evans (1970), report that a common characteristic of abusive or neglectful parents is the lack of "mothering skills." Some parents drastically overestimate the physical and mental development of their children and demand behavior well beyond the children's capabilities. For example, toilet training is sometimes attempted as early as six weeks of age. When the child is unable to perform as expected, the frustrated parent may abuse the child. This type of punishment relates to Delsordo's category of "disciplinary abuse."

Klaus (1972) and Prescott (personal communication, 1973) note that an inadequate "mother-infant bond," which may be traced to the routine hospital procedures designed to cope with prematurity, may be a factor in abuse and neglect. Although the immediate postnatal period is critical for forming emotional attachments, premature babies are placed in incubators isolated from human contact. Their mothers are not permitted to hold them, fondle them, or come into close physical or visual contact. This separation of mother and child may contribute to later abuse or neglect.

It is a common finding that alcoholism is an associated factor in a substantial percentage of abuse and neglect cases. Swanson *et al.* (1971) comment on the special role of alcohol in some Indian cultures which "do not include an understanding that alcohol is a drug whose use without restraint is ruinous." They found that alcohol was used as a food substitute, a sedative, a medicine, and an intoxicant for children, and discovered an abnormally high percentage of alcoholic minors.

Among current research efforts, two programs of major interest are those of Schneider, Pollack, and Helfer, and a second by Newberger.

Schneider, Helfer and Pollack (in Kempe and Helfer, 1972) have completed two of the three phases of their project. In phase one, a group of 30 known abusive parents was compared with a control group of non-abusers. Both groups completed a questionnaire, the answers to which were evaluated by semantic differential methodology, using a 7-point Likert-scale. Cluster analysis revealed differences between the two groups in four crucial areas. The abusive parents, in contrast to the control group, had (1) high expectations of loneliness and isolation; (2) intense feelings of expectation about their children's behavior and levels of performance; (3) poor quality in relationships with their own parents and spouses; and (4) intense feelings of anxiety about their children's behavior.

In the second phase, the procedure was refined by replacing the original control group with individuals matched with the abusive parents for age, education, socioeconomic status, number of children in the family, and presence of a child the same age as the abused child. A second cluster analysis revealed that when the two groups were more closely matched, approximately the same cluster pattern emerged, but the clusters did not differentiate as sharply.

The authors indicate that their study seems to be revealing "abuser" and "non-abuser" personality categories. This finding may lend support to some of the categorization models already described, and supports the hypothesis that abusive behavior does not necessarily have a single motivational cause.

The project's third phase, now under way, uses a refined instrument and a larger sample group. Data have been collected but the analysis is not yet complete. The subjects are 500 new mothers who have been categorized by the type of medical care they received when their children were born: private, obstetric service in a public hospital; pediatric service; and care at a university medical center. Helfer (personal communication, 1974) indicates that preliminary data from about half the sample tend to support the personality profile clusters from the first two phases. Abusive parents have not been included in this sample intentionally, but mothers whose scores tentatively indicate that they might become abusive or neglectful will be followed up to determine how well the instrument predicts their behavior. These follow-up studies will form a basis for further refinement.

The investigators say that they would like to specify the cut-off scores between normal and high-risk parents more exactly than is now possible. Their eventual goal is to have no "false negatives" and only four percent "false positives"——that is, to have *all* known abusers identified by scores in the "high risk" range, with no false identification as non-abusers; and to have no more than four percent of the non-abusers falsely identified as high risks for abusive behavior. The authors plan to develop their instrument for self-administration and believe that eventually it will save professional time, protect young children, and identify those families which need special care.

Helfer, at Michigan State University, and Kempe and others, at the University of Colorado, are attempting to cross-validate the predictive instrument by videotaping mother-infant interactions and having experienced professionals evaluate the quality of the interaction. Results to date are extremely tentative, but seem to cross-validate.

Drs. Janeway and Newberger (Newberger, personal communication, 1974) are conducting a broad epidemiological study. Approximately 600 cases of children who have been treated for conditions such as failure to thrive, abuse and neglect, pica, ingestions, or accidents on either an in-patient or out-patient basis will be included. These cases will be compared with a control group matched for age, ethnic group, and socioeconomic status. The goal of the study is to refine the current state of knowledge about causal conditions within the environment with regard to particular children, and families and the "social illnesses" already mentioned. Concurrent with this study, the investigators are trying out a family advocacy technique and a parent education approach as methods of helping the abused child. The clinical program of the Boston Children's Hospital is involved in a major part of this effort. At a later date a related study with the same types of children will be conducted. This study will include home observations and interviews which may provide greater insights into differences between groups.

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Newberger is also working on a retrospective cohort using data already available from the National Institute of Neurological Diseases and Stroke Perinatal Study. The data has medical and demographic information on approximately 1,500 children born in 1964 in a local Boston hospital. Newberger feels that accidents during the first year after birth may indicate parental problems. Children meeting this criterion will be compared with a control group to see if there are any significant differences in patterns emerging from a factor analysis of the data.

Characteristics of Children

The study by Janeway and Newberger, focusing on possible patterns in the characteristics of both parents and children, is one of the few investigations to date which attempts to determine the role of the child to abuse and neglect. Several researchers, however, have found indications that the child's history, characteristics, and behavior may contribute to the child being abused.

Stern (1973), for example, reports that prematurity is a factor in the infant's level of risk. Other investigators comment that its small size and early stage of physical development may make the premature infant more susceptible to long-term or permanent injuries than a normal term infant. (The relatively weak "mother-infant bond," that Klaus (1972) and Klein and Stern (1971) found associated with prematurity, would tend to contribute to the chances of injury.)

Several investigators offer insights into the possible role of the child's behavior in precipitating abuse or neglect.

Terr (1970), after a six-year follow-up of 10 cases of abuse, reported that a number of the children had developed behavior problems. Several children, including one only three years old, practiced retaliation against the abusing parent. One child refused to eat in the house, but ate garbage outside the home or begged for food. Some children violated taboos about defecation. Others broke or damaged the parent's possessions or told elaborate lies to outsiders about atrocities within the family. Terr notes that "retaliatory behaviors appeared to be hostile counter-attacks to the angry parent. They are not simply teasings or provocations of the parent, but rather the child's indulgence in full-scale battle." There can be little doubt that such behavior would contribute to further incidents of abuse.

Caffey (1972b) believes that five to ten percent of the infants in the general population may be classified as provocative and indicates that their role in the Parent-Infant Traumatic Stress Syndrome is not well understood. "It is clear that the extra stress of living with and caring for these overactive, demanding, defiant, and exhaustive infants may well paralyze the overburdened mother's self-control temporarily and release violent impulses to rid herself of him."

Gregg and Elmer (1969) tested the hypothesis that behavior typical of a particular developmental phase might be especially provocative of abuse. They studied both bonafide accidents and alleged accidents which were, in fact, abuse. They found that the number of bonafide accidents was related to particular developmental stages, but that the incidents of abuse were not concentrated at any special developmental phase.

Characteristics of the Situation

Several studies have begun to reveal a relation between the situation of the family—its social, economic, and psychological environment—and incidents of abuse or neglect.

Sattin and Miller (1971) compared abusers and non-abusers in a military community. They acknowledge the possibility of certain biasing factors which were not investigated, such as income level and social class, but indicate that abuse was more common in those residential areas where greater poverty, higher crime rates, lower quality housing, and transient populations resulted in a higher level of environmental stress.

Giovannoni and Billingsley (1970) made a study of the care provided by a sample of low income mothers, assigned by social case workers to one of three groups: adequate, potentially neglecting, and neglecting. The study indicated that the principal differentiating factors were the degree of isolation, the level of environmental stress, and the amount of support and resources available to the workers.

Helfer (in Kempe and Helfer, 1972) contributes insight into the relations between the parents, children, and the situation. The three necessary components in a case of abuse are potential for abuse in the parents; a special kind of child; and a crisis or a series of crises. The potential for abuse in the parents is a result of how they themselves were reared, their ability to use the help of others, the quality of the marriage relationship, and how they see the child. The special kind of child is one that is different from others—for example, because of hyperactivity or a birth defect. Given the first two components, the third—the crisis—precipitates abuse. Helfer emphasizes that when one crisis is resolved, the risk of abuse is not removed since the next crisis may precipitate a new incident.

Effects of Abuse

The immediate effects of abuse are obvious. A fracture, a burn, or the loss of a limb are there for all to see. The longer term effects are more difficult to determine, but may be equally if not more damaging. Physical abuse often includes brain damage, which is a common cause of mental retardation. A neglected child may suffer permanent damage through, for example, the combination of malnutrition and inadequate medical care at vital developmental stages in his life. The long-term psychological effects of abuse and neglect may be more subtle but equally serious, and may remain with the child for life.

Since the present pitch of awareness of child abuse and neglect is relatively new, there has not been time for extensive study of effects over periods of up to 10 years.

Morse *et al.* (1970) followed up a group of 25 abused children. The abuse incidents took place from two to four-and-a-half years prior to the study, the median was two years, 11 months. Of the 23 still residing in their original homes, eight showed signs of renewed abuse or medical neglect after the original incident. Detailed information was available on the developmental histories and current status of 21 children. Of this group, 15 were below the normal developmental range either intellectually or emotionally: nine were mentally retarded and six were emotionally disturbed. Only seven of the 15 showed developmental improvement: six out of these seven were in foster homes; the other child, though in his parental home, seemed to relate to older siblings rather than the mother. Morse and her co-investigators warned that since the median age of the children at the time of study was only five years, three months, subtle long-term effects of abuse on their emotional and intellectual development might not yet be apparent.

Caffey (1972a) calls attention to the possible harm from shaking a child. He feels that shaking an infant, either in play, accidentally, or as punishment, can result in brain damage as well as damage to the eyes and the long-boned joints. Shaking may thus be a major cause of mental retardation. Male infants are twice as vulnerable to damage as female infants. Caffey reports that abused children often have bilateral subdural hematoma, indicating bleeding on both sides of the brain where it has been injured by collision with the inside of the skull.

Smith (1972) examined 102 cases of unexplained injuries to children under the age of five and analyzed the first 50 cases in detail. He found that only three of them had received medical attention immediately. In 20 cases, the interval between abuse and medical treatment was "several days." In addition to the injury reported, 23 children were found to have old fractures and 25 had bruises of the head.

Bullard *et al.* (1967) followed up 41 patients who had originally been diagnosed as failure-to-thrive; four had been judged abused as well. Six children were found to be retarded, and six to be emotionally disturbed. In addition, 13 of the group, upon reexamination after a minimum of eight months, still warranted the diagnosis of failure to thrive.

Elmer and Gregg (1967) studied a group of 52 abused children. The abusive incidents took place from one year, five months to as much as 10 years before the study. Of the original 52, five were institutionalized, eight were dead, six could not be interviewed because of family objections, and 13 were unavailable for other reasons. Twenty children were examined: five were found to be physically below normal, 10 below normal mentally, eight in poor emotional health, nine suffering speech disorders or problems, and seven with physical defects resulting from the original abuse.

Martin (1973) followed up two groups of abused children. In the first group of 42 children who had been brutally abused, 14 were found to be mentally retarded and 18 were neurologically impaired. The 58 children in the second group had been less severely abused. At the initial examination, 21 had been judged undernourished; 18 exhibited growth retardation at the time of the follow-up. In addition, 31 children were judged to have poorly functioning nervous systems and 18 had serious neurological deficits. Martin added that learning and behavior problems were common in the group.

Glaser *et al.* (1968) evaluated 40 abuse victims out of an original group of 50. The follow-up studies ranged from six months to eight years—an average 40.8 months—after the original incident of abuse. Glaser found that 17 of the children (42.5 percent of the group) were below the height and/or weight standard of the third percentile, or bottom 3 percent, of a normal group. Six children were mentally retarded, four were psychotic or had emotional disorders, and seven had minor behavioral disorders. Of the 19 who were old enough to attend school, seven had failed first grade or were having serious difficulty in doing first-grade work.

Psychological effects of abuse and neglect are more difficult to define and diagnose than are physical effects. The term refers to the existence of psychological abnormalities or impaired social functioning not traceable to a physical injury or abnormality. Many of these effects, however, may result from undetected brain damage. There is also a chance that the circumstances which produced the incident of physical abuse may, in themselves, have long-term psychological effects not detecta-

ble at the time of examination. Hard data on psychological effects of abuse are scarce, but there is a growing body of evidence that physical abuse can have a modeling effect on children, predisposing them to become abusive parents. Fontana (1971) reports that abuse is often found in the personal histories of abusive parents. He believes that abused children, if not helped, may become social deviants and abusive parents as adults.

Gelles (1972) indicates that abusive behavior may be traceable to the socialization patterns of the parents. Klein and Stern (1971) note that early deprivation is often an element in the history of an abusive mother. Jenkins *et al.* (1970) give a case history of a nine-year-old boy who battered two sibling infants and diagnoses the behavior as displaced aggression against a brutal stepfather. The boy appeared to model his behavior on the stepfather's violence within the home, but was able to function normally in outside social relationships. Button (1973), in a study of male juvenile delinquents, noted that a large majority had previously been brutalized at home by adults or older siblings.

Lewis and Sarrel (1969), in a study of sexually abused children, were able to trace mental illness or emotional maladjustment to abusive incidents at a much earlier age. In one case, severe psychological effects detected at the age of 13 were traced to sexual abuse at the age of two.

The short- and long-term effects of child abuse and neglect are well-established. But, in addition, the evidence now accumulating seems to show that abuse has a tendency to recur in vicious cycles. As the child is the father to the man, the abused child may become an abusing parent.

CHAPTER III

Reporting, Recording, and Diagnosis

Every state has a law that requires reporting of child abuse and neglect to a designated public agency. Nevertheless, lack of adequate reporting is still one of the greatest obstacles to prevention and remediation, as well as to research. There is a wide discrepancy between incidence and reports. The reporting and recording mechanisms vary among the states, and the evidence shows that better reporting systems, together with a high level of public awareness, bring a far greater number of reports.

This chapter examines both the research and the demonstration projects which bear on problems of better reporting, better recording, and use of data. These projects fall into three categories: those oriented toward the general public, toward private physicians, and toward hospital emergency teams.

Public Reporting

Both research and experience in reporting by the public are sketchy, with a few outstanding exceptions. The weight of the evidence to date supports the idea that a combination of three elements will yield a dramatic improvement: a "hotline" reporting system; a central registry; and an information campaign to increase public awareness.

Hotline reporting systems have been developed to accept telephone reports of suspected abuse and neglect from anyone at any time. Such a system, coupled with effective social service organizations, can provide protective services for the child almost immediately. At best, the hotline is linked to a comprehensive program involving several agencies. The services available should include immediate investigation, 24-hour health care, provision for intervention in the family, and all the services which might be needed by a family in crisis.

The central registry provides information for diagnosis and intervention. Incidents of abuse and neglect tend to be repetitive. Abuse is likely to be precipitated by a family crisis, and in most abusing families these crisis reoccur. Caffey's early work (1946) revealed that many abused children have fractures in various parts of their body, with different fractures in different stages of healing. The occurrence of repeated "accidents" in the medical history of a young child is one of the salient symptoms of Kempe's battered baby syndrome (1962).

When a child with traumatic injury is brought to a physician or an emergency room, knowledge of past incidents should be available. However, most abusers resist giving information about past injuries. Many allegedly "shop around," taking an injured child to a different hospital or physician each time to avoid arousing suspicion. This tactic, if successful, deprives those who work with the child of an adequate medical history.

A central registry is one means of making this information available. Many central registries have been established at city, county, and state levels, to serve all the medical facilities within the area. All cases of suspected child abuse in the area are reported and recorded in the registry in enough detail to permit detection of repeated incidents of abuse.

Most central registries are designed to meet four needs:

- accurate and comprehensive information on individual cases
- rapid input and output of information
- easy access for those giving or receiving information
- distribution statistics on incidents of abuse and neglect

These are the requirements for protecting children, but a fifth requirement should be protection of the family against mistaken accusations. Cheney (1966) notes that an erroneous accusation of child abuse can be devastating to the family, particularly in cases of accidental death. The design of the registry—particularly those registries which process reports before investigation—should emphasize confidentiality and should provide for the deletion of erroneous information.

Public Reporting in Florida

A reporting system will be less effective without a central registry, and the registry will be of limited use without good reporting. Similarly, the hotline and the registry together depend for their greatest effect on a keen public awareness of the existence of child abuse and neglect, of the need to report, and of the means of reporting.

Florida has recently established a reporting system which provides an excellent example of the three elements in combination (Price, personal communication, 1974). In October 1971, Florida established a statewide hotline which was linked to the state's existing central registry. A need for greater public awareness became apparent, and late in 1972 Florida began a statewide public education campaign.

The hotline, called the Florida Child Abuse Registry Wide Area Telephone System (WATS), is open 24 hours a day, 7 days a week for toll-free calls to the Division of Family Services in Jacksonville. The caller is asked for the names and addresses of the abuser and victim, any known relatives, identification of potential witnesses including the person making the call, and information about the nature of the abuse or neglect.

This information is correlated with any histories in the central registry of other incidents involving the same people. The whole information package is relayed immediately to the nearest district or county social service agency, all of these agencies respond 24 hours a day.

A social worker investigates the incident as rapidly as possible. If the allegations of abuse or neglect seem valid, the social worker has the power to take the child into protective custody and place him in a shelter, with relatives, or in a foster family.

When the report is first received in Jacksonville, it is entered in the state's central registry of cases of child abuse and neglect. Entries are alphabetical by the name of the victim and are cross-referenced to the name of the suspected abuser as well. This initial entry is supplemented by a report from the field social worker relating the results of investigation and what actions were taken. If the original report was not valid, that fact is recorded.

Beginning late in 1972, the entire system was publicized in a concentrated statewide public education campaign. The same theme and basically the same copy were used in all media. The theme "Who Would Hurt a Little Child?" was used as a headline, illustrated with pictures of appealing children. The copy described the problem of Florida and gave some information about family interaction. The toll-free WATS number and the tag line "You could save a young life" concluded the copy. Telephone stickers and poster board bulletins were distributed to individuals in contact with children on a professional basis, including doctors, nurses, social workers, teachers, and day care personnel. The media provided space and time as a public service. Experience showed that television was most the effective medium, outdoor advertising next, and radio third (Franceschi, undated).

During the initial two-year period, 48,814 cases were reported to the Division of Family Services ("Protective Services Fact Sheet," 1973). Social workers investigated 27,291 and found that social services beyond the initial visit were warranted in 17,662 cases. A wide range of social services was brought to bear, including caseworkers to work with the parents, foster home placement, emergency shelter placement, placement with relatives, and referral to other social agencies. Data from the Central Registry show that a significant portion of the reports were related to malnutrition; physical neglect; disorganized family life; alcoholism; abandonment; and lack of food, clothing, or shelter. An increasing proportion of referrals came from the hotline so that at the present time (1974) 45% are reported through it, while 55% of the reports come through reports to the local social service offices.

Florida's success has attracted the interest of many other states. Several have hotlines, but none as comprehensive as the one in Florida. All states but four

(Vermont, Maine, New Mexico, and Utah) now have central registries (Bond, personal communication, 1974). The volume of inquiries received by the Division of Family Services in Florida indicates that more states may be planning a comprehensive system.

However, it is worth noting that at least one author is concerned about the possible effects of well-publicized reporting systems and central registries. Goldney (1972) believes that some parents might be afraid to seek medical aid for injured children if they know that previous incidents of abuse are on record. No evidence on either side of the question is available, but Goldney proposes a moratorium on reporting to enable parents to seek help without fear of prosecution.

Reporting by Private Physicians

Physicians, especially those in private practice, have been noticeably reluctant to report child abuse and neglect. In discussing the prevalence of abuse and its reporting, both Newberger (personal communication, 1973) and Besharov (personal communication, 1973) say the reporting rate of physicians in private practice is far lower than the rate that might be expected.

The available information indicates a particular lack of reporting of abuse of middle class children. Gil (1970), discussing his study of a national sample, indicates as much child abuse and neglect at the middle socioeconomic level as in other classes. Yet the reports that emerge from children's hospitals refer predominantly to children and families of the lower socioeconomic level. The middle class is poorly represented.

A number of investigators have suggested possible reasons. Silver (1969) suggests that private physicians do not report at the same rate as staff members in medical emergency centers because (1) private physicians lack adequate or accurate histories; (2) they do not have an adequate definition of child abuse; (3) they do not thoroughly understand their role or responsibilities in reporting; (4) they are unwilling to accept the fact that parents could abuse children; and (5) they are concerned about possible effects on their practices if they report suspected neglect and abuse cases. Sanders (1972) indicates an additional reason: a physician does not want to confront the parents with the fact that he is going to report them and either consciously or subconsciously avoids the necessity. It has also been noted by some observers that physicians may not want to give the time that court proceedings and social service agencies may require in abuse and neglect cases.

Silver (1967) surveyed physicians in the District of Columbia metropolitan area. He sent a questionnaire to a sample of 450 physicians and received 179 replies. To the question, "Would you report a case where you suspect an abused child but do not have the full evidence to confirm diagnosis?" 77 percent answered yes, and 23 percent answered no. Silver divided his group of respondents into pediatricians, general practitioners, and hospital staff. He found that hospital staff members were most likely to report (82 percent), general practitioners were next (76 percent), and pediatricians third (74 percent).

The questionnaire asked reasons for not reporting even when there is evidence of abuse. There were three main responses. The desire to avoid losing time in legal proceedings seemed a valid reason to 9.5 percent of the total number who said they would not report (17 percent of hospital staff members, 6 percent of general practitioners, and 6 percent of pediatricians). The second response was concern for the implications to the family which was important to 15.5 percent of the total (12 percent of hospital staff members, 21 percent of general practitioners, and 14 percent of pediatricians). The third reason was insufficient diagnostic evidence, which was considered a valid reason by 54 percent of the total group (57 percent of hospital staff members, 46 percent of general practitioners, and 60 percent of pediatricians).

The decision to report or not to report can involve difficult and subtle problems. Terr (1968) mentions that some children arrive at a hospital emergency room for a second or third time in a very serious condition or dead. Earlier reporting might have reduced the child's danger. But Cheney (1966) points out the possible traumatic effect on the family if child abuse is reported erroneously and comments that the physician should be extremely sensitive to the implications of a false report.

Meanwhile, it is reported ("Battered Child Law Costs Four Physicians," 1973) that four California physicians were recently found guilty of not reporting a case of child abuse. Their total fine was approximately $600,000. The money went to a trust fund for the abused child, who was mentally retarded as a result of the injuries received.

Reporting by the Hospital Emergency Team

The dilemma of the physician caught between the possibilities of endangering the child by not reporting abuse and the possible traumatic effects of an erroneous report may never be fully resolved. However, it can be handled far better with the aid of hospital facilities and personnel. The Committee on Infant and Preschool Child of the American Academy of Pediatrics has recommended that when abuse is suspected the child be hospitalized, not only for his own safety but to make the hospital's diagnostic facilities available. The physician gains support for any later confrontation with the family; and later legal proceedings, if any, can be expedited with the aid of hospital records.

In recent years, the hospital emergency team has emerged as a means to increase the hospital's effectiveness in diagnosing and managing cases of child abuse and neglect. The team approach has been described and recommended by a number of authors (Holter and Friedman, 1968 a,b; Leisvesley, 1972; Delnero *et al.*, in Kempe and Helfer, 1972; Thomson *et al.*, 1971). The members usually recommended for an emergency team include pediatricians, social workers, psychiatrists and/or psychologists, public health nurses, and sometimes radiologists (Fontana, 1971; and Thomson *et al.*, 1971). Other professionals act as consultants for special problems. Thomson and his colleagues recommend "that an attorney and a social worker specializing in foster care placement would become team members 'at large' in those cases where court action and placement are involved."

Holter and Friedman (1968a) suggest that since inflicted trauma and gross neglect are among the significant causes of childhood "accidents," any major emergency facility should have an adequate, efficient, multidisciplined professional staff skilled in handling small children and families. Team members should be available at all times. Holter and Friedman report a survey which revealed that 50 percent of the children with accidents came to the hospital between 5 p.m. and midnight. Kempe (1969) points out that when the hospital offers treatment to parents, staff members who act as therapists must be available 24 hours a day.

There are several examples of hospital emergency teams now being established or already functioning.

Children's Hospital in Washington, D.C. has a child abuse team, and is now adding a rehabilitation program for parents. Three pediatricians are on call each week, covering 24 hours a day. All medical staff members except surgeons are trained to look for and recognize signs of child abuse. The hospital has also developed a program to help the police learn to recognize abused and neglected children, and the District of Columbia Police Department has recently established a special child abuse unit (Heiser, personal communication, 1973).

Children's Hospital of Pittsburgh, Pa., has an active program named Suspected Child Abuse and Neglect (SCAN). Children under the age of two are admitted to the hospital whenever there is suspicion of abuse, even when no injuries are evident. Anyone on the staff who suspects abuse is required to call an experienced consultant, such as a physician or a social worker. The child abuse team investigates and makes a recommendation or decision. If the team finds evidence of abuse, the resident physician makes a report. All cases of suspected abuse and neglect are referred to the hospital's Social Service Department. A monthly list of all cases reported is sent to the Medical Director, the director of the Poison Center, and the hospital administrator.

The SCAN program emphasizes close coordination between the agencies and disciplines. Regular meetings are scheduled for discussion of cases. The meetings stimulate active interchange between the medical, social, and legal agencies concerned with children, and help to further the education of the participants (Elmer and Reinhart, personal communication, 1973).

The Children's Memorial Hospital in Chicago has a similar team whose regular members are a pediatrician, three hospital social workers, two staff nurses, and the Director of Occupational Therapy. As necessary, voluntary consultants from a Chicago law firm attend the team meetings to help guide the members through the legal issues, and on occasion to help prepare and present cases in juvenile court (Kurzman, testimony, 1973).

Yale Medical Center in New Haven, Connecticut, provides an excellent example of systematic detection and reporting by a hospital emergency team. Rowe *et al.* (1970) describe the program for Detection, Admission, Reporting, and Treatment of child abuse and neglect (DART). The regular members of the DART team are two pediatricians, a third pediatrician with special training in child development, an assistant resident in pediatrics, a child psychiatrist, two social workers, and a hospital administrator.

To aid in the detection of abuse and neglect, the team has developed a hospital registry. Entries are made whenever a physician feels there may be a risk of neglect or abuse—for example, in cases of inadequately explained injury, a history of appearance of repeated injury, ingestion of toxic substances, or evidence of neglect. The entries are reviewed weekly by a member of the DART team for any indication of repeated injuries, injuries to siblings, parental complaints, history inconsistent with the child's condition, or family or social disruption. When there are grounds for suspicion, three members of the DART team review the case. If they suspect abuse or neglect, they take the investigation to social agencies or family physicians. A visiting nurse may interview the parents at home. If the suspicion of risk is not validated, the case goes to the inactive file; but if there is clear evidence of abuse or neglect, the team

urges the physician to make a formal report. Active records are kept in both the emergency room and the out-patient clinic for the use of any physician who suspects abuse or neglect.

The Children's Hospital Medical Center in Boston has organized a team called the Trauma X Group, described by Newberger *et al.* (1973). The Group is an interdisciplinary, interagency consultation team. A broad range of agencies and professionals are represented, including the Department of Public Welfare; Children's Protective Services and Parents' and Children's Services (two voluntary agencies); hospital administrators; and representatives from the hospital's departments of medicine, psychiatry, radiology, social service, and nursing. Legal consultation is available at need.

Weekly meetings of the Trauma X Group and assignment of cases to coordinators provide efficient case management. Before the Group was formed, the re-injury rate was 8 percent. During the first year after the formation of the Group, the rate fell to 7 percent, and for the next six months to 2 percent.

Newberger and his colleagues present a cost analysis which helps to indicate the value of the Group. Virtually all the medical literature on child abuse and neglect recommends that when suspicion exists, the child be hospitalized for medical care and for his protection. However, a hospital stay that continues after medical care is no longer necessary becomes extremely expensive. Before the formation of the Trauma X Group, the average hospitalization period was 29 days, a cost of $3,000 per child. Better management made possible by the Group reduced the average period to 17 days and the cost to $2,500.

Conclusion

Good reporting and adequate diagnostic capabilities are essential to detection and treatment of abuse and neglect, as well as to research. Experience to date seems to indicate that the tools are available for a major step forward, but that they need to be applied far more widely than at present and coordinated between states and communities.

One project is now being carried out by the Children's Division of the American Humane Association for the Office of Child Development, HEW (Bond, personal communication, 1974). The project is essentially aimed at reporting and research. The Humane Association is testing the feasibility of a national reporting system on occurrence of abuse and neglect with sufficient additional information that research can be conducted into correlational and possibly causal relationships. A standard reporting format has been developed. It will be in use by 32 states by the end of 1974 and presumably by the rest of the states within the next few years. This project does not aim at a system of tracking individual families and does not relate names to cases. The goal is research into causes and conditions of abuse and neglect.

A study of the national incidence of child abuse and neglect, including a determination of trends, is required by the Child Abuse Prevention and Treatment Act, and will be carried out by the National Center on Child Abuse and Neglect in the future.

CHAPTER IV

Remediation and the Family

What happens after a case of child abuse or neglect is discovered, emergency aid is rendered, and the case is reported? The child needs a family, but often he cannot be returned to the high-risk situation which has already resulted in abuse or neglect. Some means must be found to intervene in the situation, prevent a repetition of the incident, and still provide the child with a family and a home.

Helfer (1970) describes a continuum of five levels of intervention: (1) no intervention; (2) little meaningful intervention; (3) the child is separated from the parents; (4) the home is made safe for the child; and (5) the home is made safe and the causes of the incident are resolved. Helfer indicates that level (5) is the ideal solution, but in most cases level (4) becomes the practical goal.

Many programs have been proposed or established to provide a means of intervening constructively to improve the home situation. The various programs span a range from voluntary, self-help groups to complex intervention programs staffed by professionals and coordinating the resources of virtually the entire community. In general, the voluntary programs are intended to help parents avoid abusing their own children. Programs of intervention and remediation after the fact tend to be less voluntary and more highly organized, since physicians, hospitals, social agencies, and the law are likely to be involved.

Almost all programs have one goal in common: provision of a safe home and a good environment in which the child may grow into a competent, normal adult. But some have far broader goals. Caffey (1972b) has proposed:

> The permanent liberation of all childbearing and child-rearing mothers from the traditional socioeconomic injustices inherent in their poverty-stricken environments, which are usually far beyond their capabilities to cope with and correct alone. The successful treatment, both prophylactic and curative. . .embraces most of the needs which are essential for these over-burdened, neglected, child-rearing women and their families, as well as the liberation of poor women in general. . . . The preventive measures should include expert prenatal training for motherhood. Optimal contraceptive methods should be made available for the prevention of unwanted pregnancies and abortion on demand to terminate them. After the third child, sterilization should also be an option of the mother. After birth, good day care should be provided free in special day care centers, as well as all the living space, furnishings, clothing, and food in the home essential to the healthy life of children and mothers. Child-rearing mothers should be rewarded in full for the valuable service they give to the community. . . these rewards should rank with those of such relatively dilletante workers as truckers, plumbers, and electricians, etc., and include all other fringe benefits such as health days, paid vacations, medical insurance, food allowances when in need, etc. Adequate tax exemptions should be allowed for child care. Perhaps a National Union for Motherhood will be necessary before mothers will be able to present their needs effectively to the public. . . .

Preventive Programs

Parents Anonymous is a self-help organization founded by a former abusing mother, Jolly K. ("Parents Anonymous—Daily Goals and Guidelines," Fall, 1973). The organization was established in Los Angeles in 1969 and has since expanded into other communities. Its goal is to rebuild and strengthen parent-child relationships. In times of family stress, the member parents provide mutual support to instill strength and self-confidence and to help each other direct their destructive aggressive feelings into constructive channels. They maintain frequent contact through meetings and by telephone. The members may remain anonymous to each other if they wish.

Enid Pike (1973) describes another self-help group in Santa Barbara called Child Abuse Listening Mediation (CALM). Members of the group can talk to a sympathetic helping person by telephone at any hour of the day or night. A mother under stress calls CALM and describes her situation to a panel director, who evaluates the problem and, with the consent of the mother, refers the case to one of a group of volunteers. The volunteer is usually a successful mother who serves as a model to the client. The two work together on a one-to-one basis for as long as necessary for the client-mother to become self-sufficient. The CALM volunteer may also suggest social service agencies which may help the client with problems that contribute to her stress.

Parental Stress Service (Johnston, 1973), in Berkeley, California, provides services similar to those of CALM, but also has the objective of educating the public on problems of child abuse and neglect.

Remedial Programs

Bean (1971) has described the Parents' Center, which operated for nearly two years in Boston, as combining research with service to abusive parents. Clients were located by a method of case review. The parents were clinically assessed as having personality defects which interfered with their parenting. Criteria for inclusion in the program were: (a) an actual or suspected incident of abuse; (b) both father and mother present in the family; (c) the parents amenable to help from an outside source; and (d) practicability of handling the case from an administrative standpoint. A system of group therapy was provided to help the parents develop better parenting skills and attitudes. Over the period of treatment, which was for a minimum of three months, day care was provided for the children. During its 22 months of operation, the Center served 42 families. An evaluation indicated no further incidents of child abuse during the period of treatment. Meanwhile, the program pursued its research objectives: (1) development of techniques to improve service to victims of child abuse; (2) training of personnel to make studies of child abuse; and (3) a study of the effects of violence as a force in the family.

A similar structured program of group therapy in Los Angeles has been reported by Paulson and Chaleff (1973).

Miller and Fay (1969) describe a crisis control center in Springfield, Massachusetts. The center uses a model of four levels of intervention, differing from Helfer's model in that the four levels are based on action rather than results. On the first level, directed as cases of actual or apparent abandonment, a social caseworker determines the location of parents, relatives, or friends who can take responsibility for the child. On the second level of intervention, where a child's caretaker is absent, an emergency homemaker is sent into the home to replace the mother or caregiver temporarily. On the third level, for more serious or long-term cases, the child is removed from the natural home and placed temporarily in a foster home. On the fourth level, in the case of injury or severe

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neglect, the caseworker arranges for hospitalization.

The center operates 24 hours a day, is always in direct touch with caseworkers, and also has access to the police. An analysis of results for one year showed that 46 cases were reported; 39 reports were classified as "children left unsupervised"; and 23 were later classified as abandonment. Law enforcement agencies were the source of 32 of the reports. The frequency was found to be highest on Saturdays between 5 p.m. and midnight.

Ten Broeck (1974) is the director of the Extended Family Center which offers rehabilitative services to both the abused child and his parents. The children are treated in a day care facility while the parents participate in four hours of treatment per week including therapy, group therapy, and occupational therapy. Beyond the formal aspects of the program, the Center tries to develop support and understanding between parents through the help of the professional staff. The parents themselves are seen as the best source of treatment, given professional support. To aid the parents in times of stress a 24-hour 7-day a week emergency telephone is available to them together with emergency child care when needed.

Lockett (personal communication, January 1974) describes a program established by the County Welfare Department in Nashville, Tennessee to help children in crisis situations. The bulk of the caseload consists of abuse and neglect cases, but the scope of the program also includes children whose families are temporarily unable to care for them because of illness, accident, or legal difficulties. Paid caretakers are available, day and night, to provide short-term care for children in their own homes. If the home is not suitable, emergency foster homes are also "on call." When the emergency lasts longer than overnight or a weekend, a full-time homemaker may replace the caretaker. Children may be moved to regular foster homes or older children may go to Richland Village, a residential facility for children.

During the development of the program, the staff joined an emergency hospital child abuse team at Vanderbilt University Hospital in sponsoring a seminar on child abuse. Medical personnel of the 15 metropolitan hospitals in Nashville attended. The seminar stressed reporting of suspected cases of abuse and neglect, and emphasized that under Tennessee law reports need not go to the police, but may be directed to the Welfare Department. A 24-hour "on call" system was established which permits hospital emergency room personnel to reach an experienced social worker at any time to interview parents, children, physicians, hospital social workers, nurses, and others. The social worker can complete the case history while the information is fresh, and temporary disposition of the case can be made at the time in consultation with other professionals.

Program records show that at the beginning of 1974 the total referral rate averaged 100 per month. Approximately half the cases required emergency service. About 20 percent were child abuse cases and slightly over 50 percent were neglect cases. One program objective was reduction of the number of children sent to emergency shelters. By providing caretaker, homemaker, and foster care services, the program reduced the total by 75 percent. A second goal was reducing the number of cases that went to court. The program resulted in reducing the total by half. However, experience shows the need for greater program capacity for the unexpectedly large number of children who need help, especially mental health care.

Brem (1970) has proposed the following set of criteria for child abuse control centers: (1) service available on a 24-hour basis; (2) separation of the victim from the abuser and facilities to care for the victim; (3) reporting of suspected abuse and neglect cases to appropriate social agencies; (4) coordination of local agencies for case disposition; (5) recommendations for psychiatric care as needed; (6) provision of expert witnesses to the courts as needed; (7) reporting of cases to a central registry; and (8) an educational program for professionals and laymen on the problems of child abuse and neglect. Some of these criteria are incorporated in various programs now in operation, but no reported program has them all, although some are working toward this goal.

Helfer (1970) has formulated a model for the establishment of a crisis control center directed at child abuse. The model is broad in scope; including hospitalization, diagnosis, and treatment for both the parents and the child to aid in re-establishing the home. The center would be established first as an independent agency but eventually, after development and evaluation, would operate within a local welfare agency or hospital.

A pediatrician and a psychiatrist are the core personnel in Helfer's model. These professionals work with medical social workers and parent aides, with a coordinator to arrange cooperation with other agencies, and with an administrative director. The model also includes a research and development component.

Helfer sees the center as an agency for coordination, exchange of information, and referral of cases between outside agencies, including the courts, lawyers, local child welfare bureaus, district attorneys' offices, police, physicians, nurses, other medical personnel, city health agencies, hospitals, the local medical association, local

and state legislative bodies, and other concerned agencies. The major goals for the model are: (1) to develop a family-centered therapeutic approach; (2) to develop a feedback cycle for improvement of the center's operations; (3) evaluation of the program as a whole; (4) development of training programs for child welfare personnel; and (5) when the center is well developed and operating successfully, establishment within a local welfare agency or hospital.

Helfer (1970) and Bean (1971) agree on the importance of social workers in rehabilitation of the family. Helfer indicates that medical social workers and parent aides are most effective in a therapeutic role where they can provide the abusing parents with "mothering" models. He feels that abusing parents usually lack parenting skills, frequently because they themselves did not receive good parenting in their childhood years.

All of these comprehensive remedial programs are expensive, both in money and in professional time. But the alternatives are continued abuse and neglect, short- and long-term damage to children, damage to parents and families, and eventually repeating cycles of abuse and neglect as one generation follows another. As research brings greater understanding of abuse and neglect and of methods of coping with them, the benefits of research, prevention, and remediation can be seen with increasing clarity to outweigh any cost they are likely to exact.

APPENDIX A

Public Law 93–247
93rd Congress, S. 1191
January 31, 1974

An Act

To provide financial assistance for a demonstration program for the prevention, identification, and treatment of child abuse and neglect, to establish a National Center on Child Abuse and Neglect, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Child Abuse Prevention and Treatment Act".

Child Abuse Prevention and Treatment Act.
88 STAT. 4

THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

SEC. 2. (a) The Secretary of Health, Education, and Welfare (hereinafter referred to in this Act as the "Secretary") shall establish an office to be known as the National Center on Child Abuse and Neglect (hereinafter referred to in this Act as the "Center").

88 STAT. 5
Establishment.

(b) The Secretary, through the Center, shall—

(1) compile, analyze, and publish a summary annually of recently conducted and currently conducted research on child abuse and neglect;

Annual research summary.

(2) develop and maintain an information clearinghouse on all programs, including private programs, showing promise of success, for the prevention, identification, and treatment of child abuse and neglect;

Information clearinghouse.

(3) compile and publish training materials for personnel who are engaged or intend to engage in the prevention, identification, and treatment of child abuse and neglect;

(4) provide technical assistance (directly or through grant or contract) to public and nonprofit private agencies and organizations to assist them in planning, improving, developing, and carrying out programs and activities relating to the prevention, identification, and treatment of child abuse and neglect;

(5) conduct research into the causes of child abuse and neglect, and into the prevention, identification, and treatment thereof; and

(6) make a complete and full study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which incidents of child abuse and neglect are increasing in number or severity.

Study.

DEFINITION

SEC. 3. For purposes of this Act the term "child abuse and neglect" means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary.

DEMONSTRATION PROGRAMS AND PROJECTS

SEC. 4. (a) The Secretary, through the Center, is authorized to make grants to, and enter into contracts with, public agencies or nonprofit private organizations (or combinations thereof) for demonstration programs and projects designed to prevent, identify, and treat child abuse and neglect. Grants or contracts under this subsection may be— Grants and contracts.

(1) for the development and establishment of training programs for professional and paraprofessional personnel in the fields of medicine, law, education, social work, and other relevant fields who are engaged in, or intend to work in, the field of the prevention, identification, and treatment of child abuse and neglect; and training programs for children, and for persons responsible for the welfare of children, in methods of protecting children from child abuse and neglect; 88 STAT. 6

(2) for the establishment and maintenance of centers, serving defined geographic areas, staffed by multidisciplinary teams of personnel trained in the prevention, identification, and treatment of child abuse and neglect cases, to provide a broad range of services related to child abuse and neglect, including direct support and supervision of satellite centers and attention homes, as well as providing advice and consultation to individuals, agencies, and organizations which request such services;

(3) for furnishing services of teams of professional and paraprofessional personnel which are trained in the prevention, identification, and treatment of child abuse and neglect cases, on a consulting basis to small communities where such services are not available; and

(4) for such other innovative programs and projects, including programs and projects for parent self-help, and for prevention and treatment of drug-related child abuse and neglect, that show promise of successfully preventing or treating cases of child abuse and neglect as the Secretary may approve.

Not less than 50 per centum of the funds appropriated under this Act for any fiscal year shall be used only for carrying out the provisions of this subsection.

(b) (1) Of the sums appropriated under this Act for any fiscal year, not less than 5 per centum and not more than 20 per centum may be used by the Secretary for making grants to the States for the payment of reasonable and necessary expenses for the purpose of assisting the States in developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs. Grants to States.

(2) In order for a State to qualify for assistance under this subsection, such State shall—

(A) have in effect a State child abuse and neglect law which shall include provisions for immunity for persons reporting instances of child abuse and neglect from prosecution, under any State or local law, arising out of such reporting;

(B) provide for the reporting of known and suspected instances of child abuse and neglect;

(C) provide that upon receipt of a report of known or suspected instances of child abuse or neglect an investigation shall be initiated promptly to substantiate the accuracy of the report, and, upon a finding of abuse or neglect, immediate steps shall be taken to protect the health and

welfare of the abused or neglected child, as well as that of any other child under the same care who may be in danger of abuse or neglect;

(D) demonstrate that there are in effect throughout the State, in connection with the enforcement of child abuse and neglect laws and with the reporting of suspected instances of child abuse and neglect, such administrative procedures, such personnel trained in child abuse and neglect prevention and treatment, such training procedures, such institutional and other facilities (public and private), and such related multidisciplinary programs and services as may be necessary or appropriate to assure that the State will deal effectively with child abuse and neglect cases in the State;

(E) provide for methods to preserve the confidentiality of all records in order to protect the rights of the child, his parents or guardians; 88 STAT. 7

(F) provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and appropriate State agencies providing human services;

(G) provide that in every case involving an abused or neglected child which results in a judicial proceeding a guardian ad litem shall be appointed to represent the child in such proceedings;

(H) provide that the aggregate of support for programs or projects related to child abuse and neglect assisted by State funds shall not be reduced below the level provided during fiscal year 1973, and set forth policies and procedures designed to assure that Federal funds made available under this Act for any fiscal year will be so used as to supplement and, to the extent practicable, increase the level of State funds which would, in the absence of Federal funds, be available for such programs and projects;

(I) provide for dissemination of information to the general public with respect to the problem of child abuse and neglect and the facilities and prevention and treatment methods available to combat instances of child abuse and neglect; and

(J) to the extent feasible, insure that parental organizations combating child abuse and neglect receive preferential treatment.

(3) Programs or projects related to child abuse and neglect assisted under part A or B of title IV of the Social Security Act shall comply with the requirements set forth in clauses (B), (C), (E), and (F) of paragraph (2). 49 Stat. 627; 81 Stat. 911. 42 USC 601, 620.

(c) Assistance provided pursuant to this section shall not be available for construction of facilities; however, the Secretary is authorized to supply such assistance for the lease or rental of facilities where adequate facilities are not otherwise available, and for repair or minor remodeling or alteration of existing facilities.

(d) The Secretary shall establish criteria designed to achieve equitable distribution of assistance under this section among the States, among geographic areas of the Nation, and among rural and urban areas. To the extent possible, citizens of each State shall receive assistance from at least one project under this section.

AUTHORIZATIONS

SEC. 5. There are hereby authorized to be appropriated for the purposes of this Act $15,000,000 for the fiscal year ending June 30, 1974, $20,000,000 for the fiscal year ending June 30, 1975, and $25,000,000 for the fiscal year ending June 30, 1976, and for the succeeding fiscal year.

ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

SEC. 6. (a) The Secretary shall, within sixty days after the date of enactment of this Act, appoint an Advisory Board on Child Abuse and Neglect (hereinafter referred to as the "Advisory Board"), which shall be composed of representatives from Federal agencies with responsibility for programs and activities related to child abuse and neglect, including the Office of Child Development, Membership.

the Office of Education, the National Institute of Education, the National Institute of Mental Health, the National Institute of Child Health and Human Development, the Social and Rehabilitation Service, and the Health Services Administration. The Advisory Board shall assist the Secretary in coordinating programs and activities related to child abuse and neglect administered or assisted under this Act with such programs and activities administered or assisted by the Federal agencies whose representatives are members of the Advisory Board. The Advisory Board shall also assist the Secretary in the development of Federal standards for child abuse and neglect prevention and treatment programs and projects. Functions.

(b) The Advisory Board shall prepare and submit, within eighteen months after the date of enactment of this Act, to the President and to the Congress a report on the programs assisted under this Act and the programs, projects, and activities related to child abuse and neglect administered or assisted by the Federal agencies whose representatives are members of the Advisory Board. Such report shall include a study of the relationship between drug addiction and child abuse and neglect. Report to President and Congress.

(c) Of the funds appropriated under section 5, one-half of 1 per centum, or $1,000,000, whichever is the lesser, may be used by the Secretary only for purposes of the report under subsection (b).

COORDINATION

SEC. 7. The Secretary shall promulgate regulations and make such arrangements as may be necessary or appropriate to ensure that there is effective coordination between programs related to child abuse and neglect under this Act and other such programs which are assisted by Federal funds.

Approved January 31, 1974.

LEGISLATIVE HISTORY:

HOUSE REPORT No. 93-685 (Comm. on Education and Labor).
SENATE REPORT No. 93-308 (Comm. on Labor and Public Welfare).
CONGRESSIONAL RECORD, Vol. 119 (1973):
July 14, considered and passed Senate.
Dec. 3, considered and passed House, amended.
Dec. 20, Senate agreed to House amendments with amendments.
Dec. 21, House concurred in Senate amendments.

APPENDIX B

Abstracts of Federally Funded Projects Pertaining to Child Abuse and Neglect

The information contained in these appended abstracts has been taken from information available in the records of the member agencies of the *Interagency Panel on Early Childhood Research and Development* and the *Interagency Panel for Research and Development on Adolescence*.

The staff of the Social Research Group has made every effort to assure the accuracy and completeness of the abstracts, but it should be noted that some changes will occur after the data have been collected. Representatives of the member agencies have not reviewed the abstracts, nor should an agency be held responsible for the contents of any abstract.

Maure Hurt, Jr., Ph.D., Project Director
Social Research Group
The George Washington University
Washington, D.C.
1973

SRG ID NO.: A02046-N

PROJECT TITLE: Developmental Consequence of Extreme Social Isolation

PRINCIPAL INVESTIGATOR: David Rigler
Children's Hospital of Los Angeles
Department of Medicine
Los Angeles, California

AGENCY NAME: HSMHA/NIMH

PROJECT ID NO.: R12-21191-01

ABSTRACT:

The investigators are studying the developmental consequences of extreme social isolation and experiential deprivation undergone for most of her life by a fourteen year old girl. This girl, from age three to thirteen, was physically confined in a closed room where she received a minimum of care and human contact. The studies will include: (1) systematic observation and analysis; (2) psychobiological studies; (3) language and speech; and (4) historical reconstruction.

SRG ID NO.: 02116

PROJECT TITLE: Social-Affective Development in Infancy

PRINCIPAL INVESTIGATOR: Robert Emde
University of Colorado
Denver, Colorado

AGENCY NAME: National Institute of Mental Health (NIMH)

PROJECT ID NO.: R01-22803

ABSTRACT:

A study is being conducted of psychological and psychophysiological development of children in the first year of life. In the first phase of research, the subjects are normal children, used in short-term studies to test questions related to expressions of emotion (smiling, frowning), physiological state, and the development of sleep and wakefulness. The infants are observed in the home and are studied through a variety of experiments in the home and laboratory. Physiological indicators (EEG respiration, muscle tone, heart rate) of behavior are evaluated. A second study attempts to identify correlates between the maturation of the central nervous system and the development of affective behavior in individual infants with Down's Syndrome, with X-chromosome abnormalities; battered infants are also studied. Data from this study are compared with that obtained in earlier studies of normal infants.

SRG ID NO.: 05008

PROJECT TITLE: Implementation of State Early Childhood Programs

PRINCIPAL INVESTIGATOR: Mrs. Sally V. Allen
Education Commission of the States
1860 Lincoln Street, Suite 300
Denver, Colorado 80203
(303) 893–5200

AGENCY NAME: Office of Child Development (OCD)

PROJECT ID NO.: OCD–CB–167

ABSTRACT:

The project will continue, during its third year, to (1) assist the states to initiate or expand programs for very young children and their families; (2) encourage cooperative activity with OCD and USOE and express state needs to the Congress; and (3) provide leadership in broad areas of concern to several states.

Specifically, the project will: encourage the states to set up coordinating mechanisms for child care services through legislation or executive order; encourage communication between and provide limited technical assistance to existing state offices of child development or other coordinating structures; serve as an information clearinghouse on state programs, activities, proposed and newly-enacted legislation; sponsor national meetings on child development issues and to enhance coordination among groups working with young children. Several reports will be developed; and, where appropriate, states will be encouraged to take action on (a) the impact of revenue sharing on state programs for young children and their families; (b) revision of day care codes; (c) meeting the needs of very young handicapped children; (d) identifying, preventing and treating child abuse and neglect; and (e) examining alternative state approaches to strengthening the family.

The project will be advised by a 28-member Early Childhood Task Force, chaired by Utah Governor Calvin L. Rampton.

SRG ID NO.: 05012

PROJECT TITLE: Study of Social Illness in Children

PRINCIPAL INVESTIGATOR: Charles A. Janeway, M.D.
Children's Hospital Medical Center
300 Longwood Avenue
Boston, Massachusetts
(617) 734–6000 ext. 2861

AGENCY NAME: Office of Child Development (OCD)

PROJECT ID NO.: OCD–CB–141(C1)

ABSTRACT:

This project will compare cases of children from "insufficiently nurturing environments" (hospitalized for accidents, ingestions, pica, failure to thrive, abuse and neglect) with control patients matched for age, ethnic group and economic status.

At the broadest level of study an epidemiologic interview will be conducted with 1200 mothers to obtain a broad range of information about the mother and child and their life circumstances.

The second level of study will be based upon home visits to the family after the child's discharge from the hospital. Four hundred families selected from the 1200 interviewed will be studied in order to provide a greater understanding of the differences between case and control families and to provide a baseline for the study of intervention techniques.

The project will pilot two intervention techniques designed to emphasize potential strengths within the family.

The advocacy technique will be carried out individually with each mother, and provide assistance in dealing with family problems which relate to the larger community such as housing, day care and employment.

The parent education technique will be conducted by working with groups of mothers toward managing family problems encountered day-to-day.

SRG ID NO.: 05033

PROJECT TITLE: Prospective Study in Child Abuse

PRINCIPAL INVESTIGATOR: Edward G. Dreyfus, M.D.
Denver Department of Health and Hospitals
West Eighth Avenue and Cherokee Street
Denver, Colorado 80204
(303) 893–7666

AGENCY NAME: Office of Child Development (OCD)

PROJECT ID NO.: OCD–CB–371(C1)

ABSTRACT:

The Prospective Study in Child Abuse has three basic objectives:

1. To develop statistics on the number of children hospitalized through the Department of Health and Hospitals for non-organic "failure to thrive," and non-accidental trauma.

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2. To do a longitudinal study outlining intellectual and physical developmental parameters in the index children.
3. To provide early intervention to some of the index children starting at the time that they are first identified and to compare their developmental progress with the other index children not so treated.

SRG ID NO.: 05034

PROJECT TITLE: The Extended Family Center

PRINCIPAL INVESTIGATOR: Elsa Ten Broeck
3648 24th Street
San Francisco, California 94110
(415) 282–3922

AGENCY NAME: Office of Child Development (OCD)

PROJECT ID NO.: OCD–CB–366(C1)

ABSTRACT:

The objective of the Child and Family Project is to provide services to the battered child and his family through a day care/treatment center modality. The Center will give a positive parenting experience to the child and treatment to the parents.

We believe through intensive work with both the child and parent in a day care setting that the generational affect of child abuse can be minimized. Services to parents will include: group therapy, individual therapy, and 24 hour/7 day a week crises intervention. Services to the children will include: an individualized prescription of early childhood curricula, daily medical screening, psychological assessment, in a relaxed home-like atmosphere.

The research includes: evaluation of the growth and development of the adults and children, evaluation of the service components, documentation of program management, research on a continuum theory of causal factors in child abuse, and training in the self control of tension and anxiety through an alpha-wave feedback system.

SRG ID NO.: 05079

PROJECT TITLE: Comprehensive Emergency Services to Neglected-Dependent Children

PRINCIPAL INVESTIGATOR: Miss Margaret Silverman
Davidson County Office
Tennessee Department of Public Welfare
1616 Church Street
Nashville, Tennessee 37203
(615) 329–4538

AGENCY NAME: Office of Child Development (OCD)

PROJECT ID NO.: OCD–CB–91(C2)

ABSTRACT:

This proposal directs itself toward providing emergency services to neglected and dependent children enabling them to remain in their own homes, or, when removal is necessary, providing an orderly process for the child and his family minimizing the traumatic effects to the child.

The total Metropolitan-Nashville area will be provided an emergency service package which has not existed before. This will include twenty-four hour emergency services for: intake, foster homes, caretakers, and homemakers. One, or a combination of these services, will be used to meet the crisis for the child and his family.

Urban communities are increasingly faced with the problem of family crisis resulting in disruption for the child. This problem is compounded when the crisis occurs on week-ends or at night and needed emergency services are unavailable. Metropolitan-Nashville has long recognized the inadequacy of its system. The Urban Institute's *N and D Study* revealed that in 1969, 332 children were removed from their homes precipitously and sent to Richland Village. At the time of the Juvenile Court hearing, 60% returned home.

It is time for an urban community to test out and demonstrate a model which can be utilized in full or adapted for other areas.

The Urban Institute will monitor to determine needs for program changes as the project progresses.

SRG ID NO.: 05131

PROJECT TITLE: Structure and Performance of Programs of Child Abuse and Neglect

PRINCIPAL INVESTIGATOR: Saad Z. Nagi, Ph.D.
The Ohio State University
1250 Chambers Road
Columbus, Ohio 43212

AGENCY NAME: Office of Child Development (OCD)

PROJECT ID NO.: OCD–CB–500

ABSTRACT:

The objectives of this project are:

1. To develop a descriptive framework for characterizing programs relating to child abuse and neglect. These frameworks will identify operational components of programs, their organizational features, and inter-relationships.
2. To identify criteria for evaluating these components and features.
3. To identify explanatory factors for differences among programs.
4. To operationalize the criteria of evaluation and the explanatory variables and prepare survey instruments.
5. To select a representative sample of programs and identify the appropriate respondents from whom meaningful data about these programs could be obtained.
6. To conduct a survey of the programs through interviews with these respondents, and to collect operational and other reports about the programs.
7. To prepare a report on the survey and to use the results in planning a set of experimental demonstrations to test the feasibility and utility of certain operational and organizational features, and to recommend sites for such demonstrations.

SRG ID NO.: 05152

PROJECT TITLE: Legal Bases for Child Protection

PRINCIPAL INVESTIGATOR: Dr. Sanford N. Katz
Boston College Law School
Brighton, Massachusetts 02135
(617) 969–0100, ext. 412

AGENCY NAME: Office of Child Development (OCD)

PROJECT ID NO.: OCD–CB–473

ABSTRACT:

There are currently over 300,000 children in the United States in foster care and waiting to be adopted because of parental dysfunction. A major reason for removal of children from their biological parents is "child neglect." Authoritative decision makers tend to interpret this term from only one perspective—middle class mores—without regard to deviations based on particular sub-cultures and life styles.

It is the intent of this project to evaluate present neglect laws in the several states in the context of constitutional guarantees designed for the protection of children; and to determine whether these laws are, could or should be based on differing ethnic and community standards.

SRG ID NO.: 05162

PROJECT TITLE: National Clearinghouse for Child Neglect and Abuse

PRINCIPAL INVESTIGATOR: Vincent De Francis
Children's Division
The American Humane Association
P. O. Box 1266
Denver, Colorado 80201
(303) 771–1300

AGENCY NAME: Office of Child Development (OCD)

PROJECT ID NO.: OCD–CB–454

ABSTRACT:

The objectives of this proposal are to establish a National Clearinghouse for systematically gathering data on the nature, incidence and characteristics of child abuse and neglect; for collecting information on such related areas as sources of reporting, action taken by receiving agencies and outcomes with respect to impact on children; and to disseminate periodic reports and analyses with respect to trends and national status of the problem.

It is not the intention of this project to provide a registry of families and children by name. The data to be collected by the Clearinghouse will relate solely to statistical information.

Of special significance is the fact that these data could also make possible some in-depth study of special aspects of the problem by Clearinghouse personnel or other researchers and could furnish the bases: (1) for marshalling local, state and national resources toward optimum, coordinated, preventive and treatment services; (2) for devising better public education programs on child abuse; (3) for the development of special emphases and treatment approaches; (4) for the enactment of local, state or national legislation on the problems of abuse and neglect; and (5) for stimulating the growth of Child Protective Services and such other services as may be needed to more fully safeguard the physical and mental health of abused and neglected children.

Implementation of this proposal will result in positive and immediate gains for all the disciplines concerned with the planning or delivery of services on behalf of neglected and abused children. Data collected by the Clearinghouse will focus public attention on an extremely vulnerable group of children whose problems are not completely known and whose needs are not consistently being met by community services. Much of what is done in their behalf is based on myths and cliches which must be exposed; and public thinking must be reoriented toward more constructive approaches by a flow of documented information on the nature and dimensions of the problem, and the needs of these children.

As stated earlier, an objective of this proposal is to publish periodic reports and analyses of factual data for public and professional use. This is the type of information sought by writers for lay and professional articles, by researchers in the behavioral sciences or other fields, by legislative bodies and by planners and administrators concerned with the delivery of services.

SRG ID NO.: 07004

PROJECT TITLE: Coordinated Research Program in Foster Care

PRINCIPAL INVESTIGATOR: Dr. Ann Shyne
Research Director
Child Welfare League of America, Inc.
67 Irving Place
New York, New York 10003
(212) 254–7410

AGENCY NAME: Social and Rehabilitation Service (SRS/CWRB)

PROJECT ID NO.: 89–P–80049/2

ABSTRACT:

Purpose and Objectives:

The purpose of the project is to research children-at-risk because of parental dysfunction in a study of services to children in their own homes. The project plans to determine the best possible site for services offered to foster care children, to develop a more explicit rationale for deciding whether to serve children in their parental homes or to place them elsewhere, and to examine in a three year study the content and effectiveness of service to children in their own homes. Special focus is being placed upon the requests for placement of variously *handicapped children,* including the *mentally retarded, emotionally disturbed,* and *physically handicapped.*

Method, Strategy, or Design:

The initial phase will be conducted in six public and voluntary child welfare agencies in a broadly-based survey study involving 7 geographically-distributed communities (Port-

land, Ore., Fort Worth, Tex., Denver, Colo., Madison, Wisc., Atlanta, Ga., Lancaster, Pa., and Portland, Me.). Cases for study will comprise all requests for service related to children's needs until the total includes 300 families in which a participating agency accepts responsibility for at-home service to the children. Data will be gathered through schedules completed by caseworkers, interviews with caseworkers, and interviews with parents. Analysis of data from the intake phase will constitute the first step in developing a standardized intake outline to assure gathering of data needed for adequate decision making. This study is serving as a point of origin for a number of spin-off studies involving various aspects of foster care. The decisions and outcome associated with the matching of foster parents and child are being studied in terms of *characteristics* and *needs of the child, his natural family* and *prospective foster parents and siblings.* Alternative forms of foster care are being investigated such as *group homes, therapeutic communities,* answering the welfare needs of both children and communities, and the use of summer camps as a possible substitute for long-term placements.

SRG ID NO.: 07006

PROJECT TITLE: Child Welfare Research Program: Longitudinal Study of Foster Care

PRINCIPAL INVESTIGATOR: Dr. David Fanshel
Columbia University School of Social Work
622 West 113th Street
New York, New York 10025
(212) 280–3250

AGENCY NAME: Social and Rehabilitation Service (SRS/CWRB)

PROJECT ID NO.: 89–P–80050/2

ABSTRACT:

Purpose and Objectives:

The purpose of this five year longitudinal study is to assess the adjustment of children who entered the foster care system of New York City in 1966. It will also provide a comparison between children who have spent the complete five years in care, with those who have returned to their own homes. The findings have implications for child development theory concerned with maternal deprivation, for child welfare practice concerned with the nature of delivery of services to foster children, and for organizational and administrative science perspectives on the management of large social service systems. Primary attention during FY '73 will be devoted to final analysis of the rich array of child description data gathered over the five year period in which the condition of the foster children has been assayed. A major effort is being made to insure that these findings are broadly disseminated through major volumes to be published by Columbia University Press and through the mass media in order to create a base of public knowledge which will support innovations in the delivery of foster care and related services to children.

Methodology:

The sample consists of 624 children who were between the ages of infancy and 12 years of age when they entered the foster care system of New York City in 1966. The Child Welfare Research Program is collaborating with the Family Welfare Research Program

which is studying the social and familial problems relating to the same sample. The study has entailed a variety of data gathering procedures to assess the adjustment of the children over a five year period including:

1. Psychological testing using intelligence tests and projective tests;
2. Behavioral description and developmental progress rated by professional personnel;
3. Ratings by teachers on the educational performance of the children and;
4. Reports by parents on symptomatic behavior of the subjects after they have returned home.

This data was gathered at three points in time:

1. After the children had been in care about 90 days;
2. Two and a half years after the children had entered care; and
3. Five years after the children had entered care.

A team of research personnel focused upon the agencies providing services to the children, relying heavily upon research telephone interviews. A major analysis is concerned with the impact upon children of the kinds of services offered.

During the FY '73 grant year, areas being developed for write up include:

1. Cognitive Abilities;
2. Status Changes;
3. Placement Patterns; and
4. Emotional Condition of Subjects.

Many other research findings are now being developed including:

1. The quality of foster family care and its association with changes in the intelligence of children;
2. The vulnerability of children whose mothers have been identified as drug abusers;
3. Effects on the child of mental hospitalization of the mother, or hospitalization of parent for physical illness and;
4. Effects of age, ethnicity, or birth in-or-out-of wedlock on status changes of the child.

Many other lines of research are being developed from the child description data.

SRG ID NO: 07007

PROJECT TITLE: Family Welfare Research Program

PRINCIPAL INVESTIGATOR: Dr. Shirley Jenkins
Columbia University School of Social Work
622 West 113th Street
New York, New York 10025
(212) 280–3250

AGENCY NAME: Social and Rehabilitation Service (SRS/CWRB)

PROJECT ID NO.: 89–P–80052/2

ABSTRACT:

Purpose and Objectives:

The purpose of this five year longitudinal study is to collect and report on extensive descriptive and analytical material on the social and familial problems of families whose

children entered long-term foster care in New York City in 1966. It will also provide information on the impact of foster care on natural families both during and after placement. The study will produce a book *Filial Deprivation and Foster Care* which will describe the study and conclude with broad policy recommendations for the child welfare field based on the research findings. Primary attention during FY '73 will be devoted to analysis of all Family Study data, with special emphasis on change over time. Another major goal will be the production of a second book or monograph on the theme *The Natural Mother Looks at Foster Care.*

Methodology:

The sample consists of 467 families in New York City with a total of 624 children who entered foster care in 1966. The Family Welfare Research Program is collaborating with the Child Welfare Research Program which is studying entry, child assessment and development, and agency activities related to the same sample. Areas investigated through repeat field interviews with mothers and fathers of placed and discharged children over a five year period include:

1. The placement experience;
2. filial deprivation and reunion;
3. attitudes toward and experiences with agencies;
4. parental role expectations in relation to workers;
5. general social attitudes;
6. approaches to child-rearing;
7. family functioning;
8. community resources utilized;
9. parental proposals for prevention; and
10. socioeconomic and demographic information

Baseline data, change measures and interstudy variables are being analyzed to document familial situations and relate them to social policy issues in child welfare.

The FY '73 monograph will contain summary and change analysis on:

1. The parent views of foster care as a system;
2. Role expectations of parents in relation to workers;
3. Parental reports on how children fare in placement;
4. Parental feelings on discharge of children from care;
5. Parental use of community resources during and after care, and proposals for primary prevention of placement; and
6. Analysis of three subgroups in the sample, and their particular experiences:
   a. The mentally ill;
   b. Abusive parents;
   c. Families with emotionally disturbed children

SRG ID NO.: 07013

PROJECT TITLE: Protective Services Center Extension

PRINCIPAL INVESTIGATOR: Ms. Marion Spasser
Juvenile Protective Association
12 East Grand Avenue
Chicago, Illinois 60611
(312) 472–7500

AGENCY NAME: Social and Rehabilitation Service (SRS/CWRB)

PROJECT ID NO.: 87–P–80040/5

ABSTRACT:

The purpose of this project is to demonstrate the effectiveness of an integrated approach in providing the varied services needed by families in which *children are neglected or abused.* These services, organized under a common administration in a *neighborhood-based* Protective Services Center, would include *day care for preschool children, a teaching homemaker, a foster mother,* the services of a *pediatrician* for health needs of children, *group services to parents and school children, tutoring* for children with learning problems, and *financial assistance* for special *rehabilitative needs. Casework* service to parents would be the primary service through which the adjunctive services would be channeled and integrated. Such an approach would surmount the difficulties posed by the fragmentation and inaccessibility of community resources and is necessary in order to provide the specialized and multi-dimensional treatment needed by child protective cases. The project will provide an opportunity to develop new treatment approaches through using combinations of *professional* skills and by *training non-professional* personnel to work with children and parents. The development of these approaches will demonstrate methods by which protective agencies can increase the effectiveness and scope of their services to neglected and abused children.

SRG ID NO.: 07018

PROJECT TITLE: The Apathy—Futility Syndrome in Child Neglect

PRINCIPAL INVESTIGATOR: Dr. Norman Polansky
Professor of Social Work and Sociology
University of Georgia
School of Social Work
Athens, Georgia 30601
(404) 542–3364

AGENCY NAME: Social and Rehabilitation Service (SRS/CWRB)

PROJECT ID NO.: 89–P–80055/4

ABSTRACT:

This is a program of *research* studies aimed at improving *child welfare services* to families in *rural, Southern Appalachia.* Financed by the Children's Bureau, the research focuses on diagnosing major causes of *marginal and/or neglectful* child caring in our area in order to arrive at rational solutions. The program consists of a core study, involving 65 mother-child pairs recruited from a year-around Head Start program in a mountain county in North Carolina. The attempt is to distinguish among children in terms of type of care received from direct observation, interviews with the mothers, and measurement of resultant effects on children. Social history, psychometric and observational data have been collected and are currently being analyzed and correlated to identify the prevalence of the *Apathy-Futility Syndrome* in these mothers, and its effect on child caring.

Ancillary investigations presently also underway deal with local values regarding minimal standards of child care; types of child neglect which appear salient (via the Critical Incident Technique) to *welfare workers* and *public health nurses* employed in rural areas as contrasted with *a group in Metropolitan Atlanta; powerlessness as* corre-

lated with *ethnic and class differences* in our area; adaptation of classical psychometric measures to fit the populations here under investigation; devising a method for scaling *Childhood Level of Living*.

SRG ID NO.: 07036

PROJECT TITLE: Home Inventory—Interviews in Low SES Homes

PRINCIPAL INVESTIGATOR: Howard Garber, Ph.D.
University of Wisconsin
Mental Retardation Rehabilitation
R & T Center
School of Education
415 W. Gilman Street
Madison, Wisconsin 53706

AGENCY NAME: Social and Rehabilitation Service (SRS)

PROJECT ID NO.:

ABSTRACT:

The purposes of this project are:

1. To quantify *environmental home variables of disadvantaged children* of *mildly retarded mothers;*
2. to *evaluate* the effects of participation in the *preschool stimulation program*.

The methodology will include:

1. A modified version of the Caldwell Home Inventory will be administered by a trained interviewer in the homes of Milwaukee Project subjects.
2. Results of these interviews, including informational data, preferences, and rater's observations, will be recorded and evaluated quantitatively.

SRG ID NO.: 08026

PROJECT TITLE: Child Advocacy Project—Philadelphia Urban League

PRINCIPAL INVESTIGATOR: Kelly Miller
Philadelphia Urban League
4089 Lancaster Avenue
Philadelphia, Pennsylvania 19107

AGENCY NAME: Bureau of Education for the Handicapped (BEH)

PROJECT ID NO.: OEG–0–71–4486

ABSTRACT:

The Philadelphia Child Advocacy Project is a "Child Service Systems impact through minority community development," with five major program components in education, health and welfare, legal rights, youth activities and developmental disabilities. In the

Child Advocacy Council, administrative development of the council and training for lay advocates will take place.

A series of workshops will be sponsored to help parents strengthen the home as an environment for learning through child development, consumer practices, nutrition, and health safety habits. In the area of health and welfare, goals will include the establishment of a neighborhood house (Happy House) to provide protection and shelter for abused children and supportive services for parents; new methods of teaching blind youth, "temporary moms" will be used on an emergency basis; and there will be satellite health centers for children 0–21 years.

The legal rights aspect will include technical assistance, liaison between lawyers and client groups, training of community representatives as lay advocates, and initiation of court action on behalf of juveniles confined in segregated detention institutions.

Youth activities includes workshops for high school students, outreach counseling services, and voter registration drive for eighteen year olds. For the developmentally disabled, there is the establishment of a center for children with learning disabilities; workshops concerned with the legal rights of handicapped children; identification of mentally retarded children for inclusion in educational systems; parents network; workshop on physical and sexual development and programs for blind students.

SRG ID NO.: 21005

PROJECT TITLE: Offspring Effects on Parents

PRINCIPAL INVESTIGATORS: R. Q. Bell and L. V. Harper
NIMH Intramural Research
Division of Clinical and Behavioral Research
Bethesda, Maryland

AGENCY NAME: National Institute of Mental Health Intramural Research

PROJECT ID NO.:

ABSTRACT:

The purpose of this project is to review the literature on human and intra-human species for evidence of offspring effects on parents, to provide a conceptual scheme to organize findings, and to develop appropriate research methods.

Lawrence Harper has published a paper on ontogenetic and phylogenetic functions of the parent-offspring relationship in mammals, summarizing evidence that the role of the young in mammalian evolution has been underestimated. The paper also discusses the innovative activity of the young as it affects the adaptive radiation of the species into new environments. A new paper is being prepared this year on the same theme at the human level.

Richard Bell is preparing two papers, one of which proposes that the contrast between the apparent helplessness and dependency of the young, on the one hand, and their impelling and controlling effects on parents, on the other hand, operate to produce a special kind of stress (seen in extreme form in the "battered child" syndrome). The other paper describes several research approaches, each having a different pattern of advantages and disadvantages relative to:

1. the ability to isolate effects of children and parents on each other, and
2. the limits on generalization that result from procedures or samples required by their approach.

APPENDIX C
Annotated Bibliography

This bibliography contains articles which have appeared in professional journals or as reports of agencies concerned with child abuse and neglect from 1967 through 1973.

"The Abused Child Law," *Wisconsin Medical Journal,* 69(1):25–26, 1970.

The Wisconsin Abused Child Law states that the enactment of the law makes it mandatory in Wisconsin for physicians and surgeons, nurses, hospital administrators, dentists, social workers, and school administrators to report suspected cases of child abuse to law enforcement or welfare agencies. The text also describes the required followup reports, penalties for non-compliance, and notes that criminal immunity is granted where report is made in good faith.

Adelson, Lester. "The Battering Child," *Journal of the American Medical Association,* 222:159–161, October 9, 1972.

Adelson provides details to 5 case studies in which an infant was killed by a child (ages 2½ to 8 years old). The head was the primary site of injury. Police investigations indicated that adults were not involved.

The assailants were characterized as displaying commonly encountered combinations of childhood hostility, jealousy, and "playfulness." The author makes the assumptions that the child is motivated to kill because it is the most thorough form of retaliation and represents the removal of the unwanted person. Paradoxically, Adelson states, the child is unable to deal with the permanency of death. He is motivated by a sense of rejection, rivalry, and resentment.

Alberts, M. E. "Child Abuse," *Journal of the Iowa Medical Society,* 62:242, May, 1972.

This article is an editorial based on The American Academy of Pediatrics Newsletter Supplement of February 1, 1972, which presents a statement from its Committee on Infant and Pre-School Child relating to the maltreatment of children and presents recommendations to alleviate the problem. The author cited the Academy as predicting 260 cases of child abuse per million population in urban areas.

Allen, Hugh D., et al. "The Battered Child Syndrome," *Minnesota Medicine,* 51(12):1793–1799, December, 1968; 52(1):155–156, January, 1969; 52(2):345–347, February, 1969; 52(3):539–540, March, 1969.

This is a series of four articles dealing with the medical, social and psychiatric and legal aspects of child abuse. The authors use the case histories of child abuse in a county as a point of discussion. In a five year period 123 cases were reported, 53 percent by physicians, from lower-middle to middle income families. The average ages of the parents were 26 for mothers and 30 for fathers. In a subset of the sample group, 37 children of 33 families, the assailants were interviewed and characterized in the report as overprotective, cooperative, neatly dressed with no indications of neuroses or psychoses, but seemed to lack warmth during the course of the interview (Jan., p. 156). In this sub-sample, the children were under 2 years of age in a majority of the cases.

The legal statutes reported have a non-liability provision for persons required by law to report who report in good faith. The authors feel that this promise should be extended to all persons who report child abuse cases.

Amiel, Shirley. "Child Abuse in Schools," *Northwest Medicine,* 71:808, November, 1972.

The author reports on a series of studies from which she concludes that 4.5 million children may be exposed to teachers who are maladjusted. The estimates presented in the article indicate that 25% are unhappy, worried, or dissatisfied, 17% are unusually nervous and 9% are judged maladjusted based on the results of psychological tests.

Bakan, David. "Slaughter of the Innocents," *Journal of Clinical Child Psychology,* 2(3):1–12, Fall, 1973.

This article is a series of excerpts from the author's book of the same title. The article presents the hypothesis that child abuse is related to the biological population-resource balance. He states that child abuse tends to limit the population either by reducing the number of children or by lessening the reproduction capability of the victim as an adult, or by increasing the likelihood of the abused child becoming an abusing adult. This hypothetical result is tempered by the possibility, according to the author, that by knowing what is "natural" man may be able to make modifications in accordance with his own value system. In fact, he suggests cultural rectification through: (1) the elimination of the use of force or violence to gain obedience or social compliance; and (2) the realization that the welfare of society is dependent on its children.

Bandura, Albert. "Institutionally Sanctioned Violence," *Journal of Clinical Child Psychology,* 2(3):23–24, Fall, 1973.

Bandura points out that society sanctions various forms of violence and has developed a number of self-absolving practices through which moral people can be led to behave aggressively and violently without self-condemnation. A number of practices are described and examples given together with solutions which society may well implement.

Bard, Morton, and J. Zacker. "The Prevention of Family Violence: Dilemmas of Community Intervention," *Journal of Marriage and the Family,* 33(4):677–682, November, 1971.

The authors deal with the problem of intervention by the community which takes from the families the right to privacy and individual civil rights. The principles which govern community intervention may require highly sophisticated adaptations in the shadowy interface between the social sciences and the law.

Baron, Michael A., et al. "Neurologic Manifestations of the Battered Child Syndrome," *Pediatrics,* 45(6):1003–1007, 1970.

An infant with no external signs of trauma and a picture closely mimicking organic brain disease was treated for months before battering was considered based on the appearance of bruises, as a possible cause of her difficulty. As this case clearly shows, the Battered Child Syndrome must be considered in the differential diagnosis of developmental failure. A follow-up report is also presented on both the child and the parents. In retrospect the author indicates that the symptoms indicated emotional deprivation as well.

"Battered Babies," *British Medical Journal* (London), 3:667–668, 1969.

Presents the fact that doctors should accept the idea that child abuse does exist and that it is a real possibility in diagnosing children with numerous bruises. Suggests that the doctor contact the local social authority rather than the police. The parents were characterized as having long standing emotional problems and high stress conditions at the time the battering behavior took place.

"Battered Child Law (LSA RS 14:403)," *Journal of Louisiana State Medical Society,* 122(8):247–248, 1970.

This article presents the requirements of the Louisiana State Battered Child Law. Describes the proper formal procedures to follow, and also states the consequences for failure to do so. This law does not allow the physician-patient or husband-wife relationship as grounds for withholding evidence.

"Battered Child Law Costs Four Physicians," *Pediatric News,* 7(3), March 1973.

A report of insurance companies for four physicians which agreed to pay a $600,000 settlement in what is thought to be the first application of a state law requiring physicians to report suspected cases of child abuse.

Bean, Shirley L. "The Parents' Center Project: A Multiservice Approach to the Prevention of Child Abuse," *Child Welfare,* 50(5):277–282, 1971.

Presents results of multifaceted treatment approach for working with families of battered children using the example of the Parents' Center in Boston. Presented are the origins and purpose of the Center and criteria for family selection. Group therapy is employed in this Center.

Becker, Walter. "The Problem of Maltreatment of the Child," *Therapie Der Gegenwart* (Berlin), 107(2):135–149, 1968.

Presents the characteristics of the maltreatment syndrome. Points out the legal difficulties in trying to prove a case of child abuse. States that doctors and teachers should be prepared to notice and report child abuse cases. Notes that hostility between husband and wife is often present in child abuse cases, with the abuser usually being the wife.

Bendix, Selina. "Drug Modification of Behavior: A Form of Chemical Violence Against Children," *Journal of Clinical Child Psychology,* 2(3):17–19, Fall, 1973.

The use of drugs such as amphetamines and ritalin are considered to be a type of abuse in the opinion of the author, a Ph.D. in physio-chemical biology. She warns that these drugs may have serious side effects and induce a drug dependency in users. In addition she points out that the criteria for prescription may be based on very tenuous evidence in many cases.

Bennie, E. H., and A. B. Sclare. "The Battered Child Syndrome," *American Journal of Psychiatry,* 125(7):975–979, 1969.

The authors present case histories on 10 child abusing patients and deals primarily with psychological factors in the parents, such as personality disorders characterized by inadequacy and impulsive behavior. A common path to violence was found to be a displacement of aggression and sadism which came from

a disturbed domestic and marital relationship. Stress was the predominant feature in the marriage.

Berlow, Leonard. "Recognition and Rescue of the 'Battered Child'," *Hospitals, Journal of the American Hospital Association,* 41(2):58–61, January 16, 1967.

Berlow gives the symptoms and characteristics of the Battered Child Syndrome. Signals of child abuse, observed in both parents and child, are given. Author recommends compassion for the parents and treatment which corrects damaged parent-child relationships. Berlow makes recommendations for a "team" structure within the hospital to deal with child abuse.

Bern, Joseph. "California Law: The Battered Child, the Family and the Community Agency," *Journal of the State Bar of California,* 44(4):557–567, 1969.

Reports on many areas in which California laws pertaining to child abuse definition, accusation of abusers, reporting procedures, and subsequent legal action, are not clearly defined. Urges that examination and clarification of these areas be done immediately.

Bezzeg, Elizabeth Diaz, et al. "The Role of the Child Care Worker in the Treatment of Severely Burned Children," *Pediatrics,* 50:617–624, October, 1972.

The author offers a number of critical insights into the psychological trauma associated with burns. She also feels that the person best equipped to minister to this problem is the child care worker. Particular stress is centered on the needs of the adolescent or pre-adolescent.

Bielicka, Izabela, and Hanna Olechnowicz. "A Note on the Rehabilitation of the Family in the Treatment of the Orphan Syndrome in Infants," *Journal of Child Psychology and Psychiatry and Allied Disciplines,* 8(2):139–142, 1967.

This Warsaw study relates the results of 95 children admitted to the hospital for psychosomatic disorders. The analysis of home environment in the cases diagnosed as neglect presented with four categories: (1) socially stable families with adequate income and emotionally favorable climate; (2) socially and emotionally and economically inadequate families; (3) families psychologically inadequate, but otherwise adequate; and (4) single parent families with no parent-child emotional bonds.

Billingsley, Andrew. "Family Functioning in the Low Income Black Community," *Social Casework,* 50(10):563–572, December, 1967.

Cites two unpublished studies and results of two groups of 40 each randomly selected low income families headed by women. The figures given indicate that 38% of the white families abused children; 13% blacks, while the definitions of abuse and neglect are not given nor the validity of data. In the second study, the sample consisted of 206 white families, 239 black families, which constituted the public welfare case loads, 63% of the white families abused or neglected their children while only 43% black families did so. The abuse judgments were made by experienced social workers.

Birrell, R. G., and J. H. W. Birrell. "The Maltreatment Syndrome in Children: A Hospital Survey," *Medical Journal of Australia* (Sydney), 2:1023–1029, 1968.

This is a case study type report of 42 maltreated children over a 31 month period in the Royal Children's Hospital in Melbourne, Australia, with reference to admission statistics, family social pathology, congenital anomalies found, and trauma. Definition of maltreatment is presented as well as characteristics of the parents, such as financial difficulties, alcoholism, out-of-wedlock pregnancies or births, single parents, cohabitation. Medical consequences of the syndrome are described and community reponses to the problem are suggested.

Bishop, F. I. "Children at Risk," *Medical Journal of Australia* (Sydney), 1:632–638, March 20, 1971.

Article defines several categories in which children may be "at risk" to neglect or abuse and points out that they may occur in the same families for generations. These categories include illegitimacy, prematurity, congenital malformation, conception during depressive illness, twin pregnancies, especially when first borns, and rapid succession pregnancies together with excessive work load.

Block, Harry. "Dilemma of 'Battered Child' and 'Battered Children'," *New York State Journal of Medicine,* 799–801, March 15, 1973.

Block differentiates the individual condition of the "battered child" from the societal condition of "battered children" by stating that the "battered child" is the victim of a parent or caretaker while "battered children" are the victims of the society: the etiology of which is war, famine, hunger, discrimination, and numerous other societal ills which affect children.

Boisvert, Maurice J. "The Battered Child Syndrome," *Social Casework,* 53(8): 475–480, October, 1972.

Verifies a typology based on a 20 case sample for classification and treatment as a guide for planning intervention strategy. States that some incidents are

not controllable while others can be. For those which are controllable casework strategy should be in terms of continued home supervision with group therapy for the parents. Author uses earlier typologies of Delsordo developed in 1963 and Zalba (see referenced citations).

Bourke, William A. "Developing an Appropriate Focus in Casework with Families in which Children are Neglected," *Dissertation Abstracts International,* 31(4A):1891, October, 1970.

The study attempted to determine the social workers approach to focus in problem solving during the first 3 months of social work with a sample of 50 families of neglected children in Philadelphia. Results indicated that service program workers must strive to deal with the complex external economic problems of their clients as well as try to bring the family structure to an adequate functioning level internally.

Brem, Jacob. "Child Abuse Control Centers: A Project for the Academy?" *Pediatrics,* 45(5):894–895, 1970.

The author presents criteria and a medical model for the team approach, consisting of the child's physician, a consultant, and the social, nursing, psychiatric, and public health services, is recommended for dealing with child abuse. Also presented is a plea for child abuse centers and a discussion of the functions they should perform.

Brown, John A., and Robert Daniels. "Some Observations on Abusive Parents," *Child Welfare,* XLVII(2):89–94, February, 1968.

The authors deal with the abusive parent within a psychodynamic framework, presenting three case histories based on personal observation which illustrate some of the dynamics that seem to contribute to the aggressive act. These dynamic elements include the displacement of negative feelings and frustration to the child who in turn by his behavior acts as a catalyst to trigger the abusive outburst. The authors see abusive parents as emotionally empty and intellectually limited. Recommendations are for environmental and supportive help.

Buglass, Robert, "Parents with Emotional Problems," *Nursing Times,* 67:1000–1001, 1971.

Thirty case histories involving young mothers with emotional disturbances involved in battering of their offspring are discussed. All of the subjects were reported to have benefited from psychiatric treatment aimed at treating the acute symptoms and then from establishment of a program of long-term support through psychiatric treatment, casework, and environmental change. The author feels that there is a definite need for mothering skills training based on his personal observations.

Bullard, Dexter M., Jr., et al. "Failure to Thrive in the Neglected Child," *American Journal of Orthopsychiatry,* 37(4):680–690, 1967.

Investigations of social and psychological aspects of this syndrome have demonstrated that failure to thrive usually is caused by maternal deprivation. This is verified in the diagnoses of 50 mothers of "neglected" children. Recommends that the concept of maternal deprivation needs to be elaborated to take into account reversibility, developmental states, and the relationship between physical and emotional nutrients in infancy. In the follow-up of 41 of the original samples, over a time period of 8 months to 9 years more than 50% exhibited emotional disorders, mental retardation or a combination of these.

Burt, Robert A. "Forcing Protection on Children and Their Parents: The Impact of Wyman vs. James, (91 Sup. Ct. 381)," *Michigan Law Review,* 69:1259–1310, June, 1971.

This article is a discussion of the legal principles vis-a-vis child abuse and focuses on one of the major concerns implicated in Wyman vs. James: the government's power with regard to: (1) intrusion into the family and home; (2) the right to privacy while receiving assistance; and (3) the right to determine her own needs.

Button, Alan. "Some Antecedents of Felonious and Delinquent Behavior," *Journal of Clinical Child Psychology,* 2(3):35–37, Fall, 1973.

In a series of case studies the author found that child abuse was quite common in the group of juvenile delinquent boys studied. The article is more descriptive of research findings than in detailing the actual research effort. One quote from one of the subjects indicated that despite the fact he had experienced abuse as a child he would treat his own children the same way. The family environments were characterized by lack of control; too many children; much use of drugs and alcohol by parents; constant, excessive, cruel and unthinking punitive practices; and frequent anti-social behavior by persons other than the delinquent boy being studied, usually by the father or older brother.

Caffey, John. "On the Theory and Practice of Shaking Infants," *American Journal of Diseases of Children,* 124(2):161–169, August, 1972.

After examining a group of 29 cases, Caffey con-

cludes that shaking an infant to punish his misbehavior, or for any other reason, may cause brain damage or mental retardation to the child. The author states circumstantial evidence suggests that thousands of pre-toddlers may suffer serious injury and others receive milder injury in this way. This is one of the most common forms of child abuse, and one of the most difficult to prove.

———, "The Parent-Infant Traumatic Stress Syndrome: (Caffey-Kempe Syndrome), (Battered Babe Syndrome)," *American Journal of Roentgenology, Radium Therapy and Nuclear Medicine,* 114:218—229, February, 1972.

Child abusers are usually of normal intelligence, represent all races, creeds, cultural, social, and educational levels, and are distributed proportionately throughout the country. Victims usually are normal infants, but a higher incidence of abuse may be found among provocative, deformed, premature, multiple-birth, adopted, foster, and step children, Typically they are not neglected or deprived of medical needs, and are almost always well-fed, clothed, and clean.

Callaghan, K. A., and B. J. Fotheringham. "Practical Management of the Battered Baby Syndrome," *Medical Journal of Australia* (Sydney), 1:1282–1284, June 27, 1970.

Demonstrates the use of a case management system using 17 cases of child abuse. The authors conclude that the Battered Baby Syndrome is the end result of a disturbed family background. If a family crisis can be recognized and dealt with before violence erupts, the end result may be prevented.

Cherry, Barbara J., and Alma M. Kuby. "Obstacles to the Delivery of Medical Care to Children of Neglecting Parents," *American Journal of Public Health,* 61:568–573, March, 1971.

Discussion of the anecdotal problems of records on observations of the Bowen Center Project (Chicago), in delivering services to 36 families, particularly medical care, to "multiproblem" and "hard to reach" families. Found that most services to children are based on the erroneous premise that parents are, by definition, mature adults. Characterizes mothers as "drop outs" or "left outs"—the drop outs perceive the therapy efforts as too expensive, either financially or emotionally while the left outs are emotionally disturbed and seek no help even though it is available.

"Child Abuse: An Anonymous Answer," *Medical World News,* 12(36):4, October, 1971.

Describes the beginnings of Mothers Anonymous, a group with an Alcoholics Anonymous-type philosophy. A member mother who feels she may harm her child can call another mother and talk. Although this technique appears to be successful, questions arise when application of this technique to the inner city is considered. Statistics cited for New York City indicate that there were 2343 cases of child abuse reported in 1970 while the rest of the state, with equal population, reported only 400. This is seen as a comment on the effectiveness of the reporting system in the city.

Cosgrove, John C. "Management and Follow-up of Child Abuse," *Journal of the Medical Society of New Jersey,* 69:27–30, January, 1972.

A brief overview of the management and follow-up of 15 child abuse cases over a period of a year at Martland Hospital. Two-thirds of the children were under three in this year long study. The results of the follow-up study indicate that 8 of the sample remained in their natural families initially and 1 child placed in foster care had been returned to its natural home. One child had been subjected to additional abuse and was in a foster home.

Court, Joan, "The Battered Child Syndrome–1: The Need for a Multidisciplinary Approach," *Nursing Times,* 67:659–661, June, 1971.

Describes symptoms of a battered baby, and cites importance of physician's role in detection and treatment. Resistance to intervention must be overcome.

———, and Anna Kerr. "The Battered Child Syndrome–2: A Preventable Disease?" *Nursing Times,* 67:695–697, June, 1971.

The most effective treatment for battering parents can be described as "transfusion of mother" which is best provided for by a multidisciplinary approach with one worker acting as the primary mother figure. Nurse and health visitor also play important roles in this process. The health visitor in particular should serve as a model for "mothering" skills.

Crane, John A. "A Framework for Studies of Separation in Child Welfare," *The Social Service Review,* 44(3): September, 1970.

The author presents a critique of clinical research in the separation in child welfare. He then presents a number of models which would control some of the biases inherent in clinical studies. Crane contends that while clinical research with small and possibly unrepresentative samples is a "source of fruitful speculation" there are few "hard findings."

Davies, Joann F., and James D. Jorgensen. "Battered But Not Defeated: The Story of an Abused Child and Positive Casework," *Child Welfare,* 49(2): 101–104, February, 1970.

Case study of "Martin," an abused child living in a rural area, is presented and discussed. How he lived, the quality of social services offered, and the quality of the people who entered his life were vital factors in his improved health and development. The presentation provides a model for the social worker dealing with the victims in child abuse and neglect cases.

De Francis, Vincent. *Termination of Parental Rights—Balancing the Equities.* Colorado: The American Humane Association, Children's Division, 1971.

Presented is a preliminary assessment of parent-child relationships and the factors to consider before deciding to terminate parental rights. The process must be supported by judicial action and full process of law.

De Lissovoy, Vladimir. "Child Care by Adolescent Parents," *Children Today,* 2(4):22–25, July-August, 1973.

Report of a recent longitudinal study of marital adjustment where high school-aged parents in rural Pennsylvania were tested for their knowledge of basic developmental norms in children. Results indicate that a significant percentage of these parents have unrealistic or erroneous ideas about the developmental norms of young children. Eighty percent mentioned physical punishment as a method of control of children. Recommends parent education and counseling services for outlying communities.

Duncan, Carole. " 'They Beat Children, Don't They?'," *Journal of Clinical Child Psychology,* 2(3):13–14, Fall, 1973.

The Dallas School System policy of corporal punishment is reviewed by a co-founder of the Citizens Against Physical Punishment. Statistics indicate that 6,000 paddlings were administered by school administrators in Texas in 1971, 24,305 in 1972, and an estimated 30,000 in 1973.

Eaton, Antoinette P., and Earl Vastbinder. "The Sexually Molested Child. A Plan of Management," *Clinical Pediatrics,* 8(8):438–441, 1969.

This article presents definitions of clinical terms associated with sexual molestation of children including incest. Included are the problems of diagnosis and reporting of incest together with a model for their solution. The model was tested in a pilot study with a group of 28 children. This sample of children, each of whom had been molested, was drawn from the cases seen in the emergency room of the Columbus Children's Hospital in 1965. The authors indicate that the diagnosis was a rare one, 28 of 33,000 cases seen in the year. Age distributions of molesters indicate peaks during adolescence, individuals in their 30's and individuals over 50.

Ebbin, Allan J., et al. "Battered Child Syndrome at the Los Angeles County General Hospital," *American Journal of the Diseases of Children,* 118: 660–667, October, 1969.

The authors studied 50 children who presented with confirmed parentally inflicted injuries or had records of prior injuries probably inflicted by parents. The ages of the victims ranged from 1 month to 14 years and, by sex, were divided 44% female and 56% male which approximated the population proportions in the outpatient clinic. The ethnic proportions were significantly different than the outpatient population at the .001 level with whites and Blacks over-represented and Mexican-Americans under-represented. This difference, according to the authors, may be attributable to the fact that the hospital is used as an emergency service on a county-wide basis which would include a much larger group of whites than normally served by the hospital. In 50% of the cases prior injury was evidenced.

The authors noted that the physicians who reported these cases to the police became involved in lengthy police and court proceedings.

Eisen, Peter. "The Maltreatment Syndrome in Children," *Medical Journal of Australia* (Sydney), 1(9):466–467, 1967.

Professional apathy to the problem of child abuse must be replaced by professional responsibility. The medical profession can help stimulate new legislation on neglect and abuse. Full physical and psychological care for the child is the best preventive medicine.

Elmer, Elizabeth. "Child Abuse: The Family's Cry for Help," *Journal of Psychiatric Nursing,* 5(4):332—341, July-August, 1967.

Elmer presents an overview of the human environment which surrounds child abuse and neglect. The subjects of child abuse are usually the victims of family social problems rather than of willful abuse. Child abuse is often the result of accumulated stresses on the family. The medical profession, the community and the extended family can help the abusive family by being available when needed. A case study is used to demonstrate the points made in the discussion.

———, and Grace Gregg. "Developmental Characteristics of Abused Children," *Pediatrics,* 40(4):596–602, October, 1967.

A sample of fifty children, hospitalized over a period of years, were selected for study of the developmental effects of child abuse. Study confirms the speculation that severe physical abuse is predictive of developmental difficulties in children. In a subsample of 20 children 75% had emotional problems or were mentally retarded, or both. Speech defects were almost universal in this group.

———, et al. "Studies of Child Abuse and Infant Accidents." In *The Mental Health of the Child. Program Reports of the National Institute of Mental Health,* 343–370, June, 1971.

Presents overview of a study of 50 families with battered children conducted in an effort to distinguish characteristics of "accident" vs. "abuse." The authors describe child and family characteristics of abused children and victims of accidents and make contrasts between the two groups. They found that the children in the high accident group tended to be the first in order of birth, while the children in the abused group tended to have older siblings. Presents recommendations for prevention of child abuse.

Evans, Sue L., et al. "Failure to Thrive: A Study of 45 Children and Their Families." A Paper presented at the 22nd Annual Meeting of the American Association of Psychiatric Services for Children, Philadelphia, Pennsylvania, November, 1970.

Evans and her co-investigators identified 45 cases of failure-to-thrive based on the criteria that the children: (1) fell below the 3rd percentile in height; or (2) fell below or in the 3rd percentile in weight; and (3) had no demonstrable physical cause for growth failure. Five subjects were dropped as possible physical causes which may have caused the original growth failure. The ages at the beginning of the study ranged from 3½ to 4 years, 1 month and the follow-up period from 9 months to 3 years, 4 months, with the average interval 1 year and 11 months. All babies were reported as unplanned and unwanted.

Three groups emerged from the sample based on the mother-child relationship. The 14 mothers in Group I seemed to have an unbalanced mother-child relationship which was rectified through outside support and the children were able to receive adequate mothering and thrive after the intervention treatment. The 15 Group II mothers saw their children as one more crisis in a life of chronic crises. The investigators felt that limited intervention could not restore an adequate mothering relationship. In the third group gross pathology was apparent. The 11 mothers in Group III rejected the children and were actively hostile to both the child and the hospital staff. The conclusion reached is that the results support the majority of the studies which indicate that removal of the child from the family is the "treatment of choice".

Fergusson, David M., et al. "Child Abuse in New Zealand," Research Division, Department of Social Welfare, Wellington, N.Z., 1972.

Report of a 1967 nationwide survey of physical abuse in New Zealand discusses the rate of child abuse 2.57 per 10,000 in the 0–16 age range. Suggests that females and males become abusers of children for different reasons. Females tend to abuse when affected by a combination of situational stresses such as poor health, a rapid succession of pregnancies, demands of children, and a high level of irritability. Males who were abusive exhibited evidence of behavioral deviance (criminal records).

Feshbach, Norma D. "The Effects of Violence in Childhood," *Journal of Clinical Psychology,* 2(3):28–31, Fall, 1973.

A number of observations on the use of violence by parents in child-rearing are put forth by the author. Laboratory studies are cited which support the article's thesis that punishment is not conducive to learning. Moreover physical punishment by the adult is likely to lead to personality problems for the parent as well as the child. The author advocates research into the effects of positive behaviors in the socialization of the child.

Feshbach, Seymour, and Norma Feshbach. "Alternatives to Corporal Punishment: Implications for Training and Controls," *Journal of Clinical Child Psychology,* 2(3):46–48, Fall, 1973.

The authors are concerned with alternatives to corporal punishment as methods for controlling behavior and socializing children. Four determinants to deviant behavior are identified and non-punitive control methods are presented. Punishment may be appropriate in some cases, but they recommend that it be distributive rather than retributive. To illustrate, the child who breaks another's toy should be punished in a distributive manner by being required to help repair the toy rather in a retributive manner by having his own toy confiscated.

Ficarra, Bernard J. "Pioneer Laws for Child Protection," *International Journal of Law and Science,* 7(2):68–71, 1970.

Presents a brief history of laws for the protection of infants and children, from ancient practices to present day battered child laws.

Fischoff, Joseph. "The Role of the Parents' Unconscious in Children's Antisocial Behavior," *Journal of Clinical Child Psychology,* 2(3):31–33, Fall, 1973.

Dr. Fischoff examines the phenomenon noted in the title and the projection of intolerable aspects of the parents' personality onto the child. Thus, the child is perceived by the parent as having his own anti-social personality factors when in fact this does not correspond to reality. This projection becomes a self-fulfilling prophecy by the time the child is three, according to the author, and actually demonstrates the faults which earlier were not present except in the perception of the parent. The child evidently has acceded to the parents unconscious needs and become what was required.

Fleck, Stephen. "Child Abuse," *Connecticut Medicine,* 36:337, June, 1972.

An editorial comment on the problem of unwanted children, suggesting adequate dissemination of birth control information before puberty and a vast educational effort to teach parenthood and family responsibilities. The provision of adequate and equal preparation of girls for lifework and careers in order to achieve the prevention of unwanted children is also discussed.

Fleming, G. M. "Cruelty to Children," *British Medical Journal* (London), 2:421–422, May 13, 1967.

Suggests that the extent of child abuse is difficult to estimate from court records because social agencies rely less on action through the courts and more on positive casework with the families. Characteristics of abusive parents are included. Remedial action can come through a joint effort by doctors, legislators, and social agencies. The author cites statistics of 36,926 cases of child abuse and neglect reported to the National Society for the Prevention of Cruelty to Children while only 540 persons were brought to magistrate's court.

Flynn, William R. "Frontier Justice: A Contribution to the Theory of Child Battery," *American Journal of Psychiatry,* 127(3):375–379, 1970.

Presents the theory that abusing parents tend to project anger onto their children while denying and repressing it in themselves. Recommends psychoanalytically-oriented therapy for parents. Flynn uses case histories to demonstrate the empirical evidence underlying the theory.

Fontana, Vincent J. "Battered Child Syndrome and Brain Dysfunction," *Journal of the American Medical Association,* 223(12):1390–1391, March 19, 1973.

The author presents a number of the warning signals indicative of possible future battering such as a combination of minor physical symptoms, evidence of emotional disturbance, and possibly nutritional neglect and abuse.

———, "Factors Needed for Prevention of Child Abuse and Neglect," *Pediatrics,* 46(2):318–319, 1970.

Discussion of defects in the present management of child abuse by welfare departments and how they contribute to inadequate protection of abused children. Presents suggestions for improvement of services by welfare departments and caseworkers.

———, "Further Reflections on Maltreatment of Children," *New York Journal of Medicine,* 68:2214–2215, August, 1968.

Dr. Fontana discusses the general problem of child abuse and makes recommendations such as legislative action, reporting, and realistic follow-up. He uses data from St. Vincent's Hospital and Medical Center which indicate that of the 26 children in the study mentioned approximately half were premature. The author feels that there may be a rejection by the mother which leads to neglect or abuse.

———, "Which Parents Abuse Children?" *Medical Insight,* 3(10):16–21, 1971.

Analysis of reports from the New York City Central Child Abuse Registry Study links battering to the spirit of violence which is rampant in our society today. One figure given indicates that from 1966 to 1970 there were 5½ times the number of reported incidents. Includes characteristics of abusing parents such as impulsivity, low frustration level, psychoses, drug addiction, lack of affection, alcoholism, and abuse in childhood. A summary of characteristics of the maltreatment syndrome is also presented. Suggests a team treatment of child abuse cases in hospitals. The author feels that abused children may become criminals or battering parents themselves if not helped.

Foster, H. H., Jr., and D. J. Freed. "A Bill of Rights for Children," *Family Law Quarterly,* 6:343–375, Winter, 1972.

Emphasizes importance of legal recognition of children as persons and their rights as individuals. The authors list 10 principles or rights of children such as love, support, firm treatment, regard as a person, attended to, earned money, medical care, etc.

Galdston, Richard. "The Burning and the Healing of Children," *Psychiatry,* 35:57–66, February, 1972.

Report on the burning and healing of 100 children who were admitted to the surgical wards of the Children's Hospital Medical Center between 1964 and 1970. Five percent of these were thought to be the victims of child abuse. The article discusses the burning and healing of these children, including trauma incurred, regression, etc.

_____. "Violence Begins at Home. The Parents' Center Project for the Study and Prevention of Child Abuse," *Journal of the American Academy of Child Psychiatry,* 10:336–350, April, 1970.

Description of the Parents' Center Project (begun around the Boston area in 1968) which had a primary objective of protection of the vulnerable preschool child from physical abuse. Secondary objective was to study child abuse as a symptom of mental illness. Makes strong recommendation for establishment of centers to treat, support, and educate parents in parenting skills.

Gelles, Richard J. "Child Abuse as Psychopathology: A Sociological Critique and Reformulation," 67th Annual Meeting of the American Sociological Association, August 28–31, 1972.

The psychopathological model of child abuse is subjected to critique and several inconsistencies, based on the author's evaluation, one noted. A social psychological model is presented which identifies child abusing behavior as arising out of the socialization patterns of the abusing parent as well as a psychopathic state.

George, James E. "Spare the Rod: A Survey of the Battered Child Syndrome," *Forensic Science,* 2(2):129–164, May, 1973.

This article presents an overview of the problems of child abuse based on the literature and case studies from the author's personal experience. Factors such as "mothering" and personality profiles are presented along with the legal aspects and status of the state laws are presented.

Gigeroff, A. K., et al. "Sexual Offenders on Probation: Heterosexual Pedophiles," *Federal Probation,* 33(4):17–21, December, 1968.

The authors note that most pedophiles are males and fall into three general age groups: late adolescence; 35–39 years old; and from mid-fifties to mid-sixties. The age range for the victim is from 3 to 12 with the peak being from 7 to 9. Recommendations are made for successful casework approaches to the problem. A major concern expressed was that the legal proceedings can be very traumatic for the child.

Gil, David G. "Physical Abuse of Children, Findings and Implications of a Nationwide Survey," *Pediatrics,* 44:857–864, November, 1969.

Gil reports on a nationwide survey of reported cases of child abuse (5,993) during the 1967 calendar year, together with a more detailed analysis of a sub-sample of 38 communities. In this survey only 3% of the injuries were rated as serious with permanent damage and under 4% were fatal.

_____, "Violence Against Children," *Journal of Marriage and the Family,* 33(4):637–648, November, 1971.

Gil reports on a major effort in determining the extent of child abuse in the nation including a nationwide survey based on a multistage probability sample of 1,520 interviews, case reviews of 1,400 incidents, and standardized information on some 13,000 cases which were processed by the courts, and a six month newspaper and periodical search for child abuse and neglect articles. Statistics are presented over ethnicity, sex of abuser and victim, as well as numerous other factors.

_____, "What Schools Can Do About Child Abuse," *American Education,* April, 1969.

Schools are a valuable screening and reporting facility for detecting child abuse, but have been neglected until very recently. Recommendations are made for education of teachers in recognition and reporting of abuse. Selected statistics from "Violence Against Children" are presented.

_____, and J. H. Noble. "Public Knowledge, Attitudes and Opinions About Physical Child Abuse in the U.S.," *Child Welfare,* 48(7):395–401 & 426, 1969.

Findings from Gil's 1965 survey of the general public to determine their knowledge of child abuse are reported. Recommends use of more advertising by public agencies to increase public recognition of the problem.

Giovannoni, Jeanne M. "Parental Mistreatment: Perpetrators and Victims," *Journal of Marriage and the Family,* 33(4):649–657, 1971.

Parental mistreatment of children is seen as a manifestation of noxious societal forces infringing on families. Data from a series of comparative studies of families who mistreated their children and those who had not is analyzed according to this proposition.

_____, and A. Billingsley. "Child Neglect Among

the Poor: A Study of Parental Adequacy in Families of Three Ethnic Groups," *Child Welfare,* 49:196–204, April, 1970.

This is one of the few comparative studies in the literature. A group of 186 low income mothers selected from social worker caseloads in an urban area were rated on degree of adequacy ranging from "adequate" through "potential neglect" to "neglect" categories by public health nurses. The sample was composed of Blacks (n=66), Caucasians (n=54), and Spanish-speaking (n=66). The results of interviews indicated the neglect group had a higher level of stress due to environmental factors than did the other two groups. They also were found to have less contacts with extended families and had fewer resources and supports in coping with stresses than the adequate group. Differences across ethnicity were also presented.

Glaser, Helen H., et al. "Physical and Psychological Development of Children with Early Failure to Thrive," *Journal of Pediatrics,* 73:690–698, November, 1968.

The authors present the results of a review of the medical records of 50 cases diagnosed as failure to thrive. Forty of the original 50 were contacted and reevaluated via medical and psychiatric examinations, and psychological testing. There were 24 boys and 16 girls in this group. The percentage of children who were mildly retarded was higher than a normal population and similar physical examination results indicate that the prognosis for children who have experienced the failure to thrive syndrome is not as good as for those who have not. Those children in the group who were judged to be functioning adequately; with one exception, had stable families.

Gluckman, L. K. "Cruelty to Children," *New Zealand Medical Journal,* 67:155–159, January, 1968.

Gluckman calls attention to the fact that maltreatment of a child does not necessarily leave physical evidence. Psychiatric diagnoses of abusing parents such as organic brain damage, psychoneurotic disorders, sadism, pathological attitudes, organic disease, and ignorance among others are presented as being responsible for the abusive behavior. The author states that one preventive precaution is instruction in contraceptive techniques so as to ensure that children are wanted. The physician is key role in the alleviation of child abuse.

Goldney, R. D. "Abusing Parents, Legal and Therapeutic Aspects," *Medical Journal of Australia,* 2:597—600, September 9, 1972.

Stresses the need for a moratorium period on obligatory reporting, which would allow battering parents to seek help without fear of immediate prosecution. Also suggests the establishment of family courts designed to work with abuse cases.

Goode, W. J. "Force and Violence in the Family," *Journal of Marriage and the Family,* 33(4):637–648, November, 1971.

The dynamics of violence in the family are examined. The author posits three conditions when violence may occur: (1) when family structures and values are violated then force is used to enforce compliance; (2) during the socialization of children; or (3) when illegitimate force is used vis-a-vis the child in the sense that parental demands are such that the child cannot fulfill them. In the last case child abuse is the result.

Gosselin, J. Y., and J. A. Bury, "Approche Psychopathologique d'un cas d'Infanticide," *Canadian Psychiatric Association Journal,* 14:473–483, 1969.

The authors present a case study of a 20 year old mother where the infant was smothered in talcum powder in the post-partum period. The incident occurred when the mother was in an acutely psychotic state. Gosselin and Bury also discuss the quality of infant-mother relationships, in the particular case cited an aggressive one rather than a nurturing relationship.

Gray, Jane. "Hospital-Based Battered Child Team," *Hospitals, Journal of the American Hospital Association,* 47:50–52, February 16, 1973.

Suggests hospitalization in cases of suspected abuse. Discusses solutions to dealing with problem parents. Establishment of hospital-community coordination would be valuable in prevention program.

Gregg, Grace S. "Infant Trauma," *American Family Physician,* 3:101–105, May, 1971.

Discusses the role and problems faced by the physician in determining the symptoms of child abuse and neglect. Stresses importance of physician's role in reporting child abuse once it has been confirmed, but also notes that 50% of all babies fall from a high surface at least once before the age of one year. She states that most accidents involving infants occur as a result of ignorance of developmental patterns on the part of the mother and lack of proper safety precautions.

_____, "Physician, Child Abuse Reporting Laws and Injured Child. Psychosocial Anatomy of Childhood

Trauma," *Clinical Pediatrics,* 7:720 725, December, 1968.

The results of a restudy of 20 children are reviewed and only 2 were normal in the areas of examination. Seven had physical defects, 10 had I.Q. scores less than 80 and 5 were abnormal in height and weight. Discussion of the approach of a physician should take as a traumatized child is examined. Physical examination and family assessment are emphasized.

———, and Elizabeth Elmer. "Infant Injuries: Accident or Abuse?" *Pediatrics,* 44:434–439, September, 1969.

The authors categorized 113 cases involving infants under 13 months into accidental injuries or injuries resulting from abuse. Abuse was judged by three criteria: (1) adequacy of accident history; (2) report or admission of abuse; (3) injuries incurred at more than one time. The "abused" group, when compared with the "accidental" group, tended to come from lower SES families and from families with more children. The parents of the abused group indicated a higher lapse in child care than those of the accident group. Seventy-six percent of the former compared with 13% of the latter group. The most outstanding characteristics of the infants in the abused group was the presence of developmental retardation (50% of the group).

Grumet, Barbara R. "The Plaintive Plaintiffs: Victims of the Battered Child Syndrome," *Family Law Quarterly,* 4(3):296–317, 1970.

Using statistics from Gil's work and that of the American Humane Association the author discusses the Battered Child Syndrome in terms of its prevalence, etiology, medicolegal implications, recidivism, and proposed solutions. Problems with state reporting laws and juvenile court proceedings are emphasized.

Guarnaschelli, John, et al. "Fallen Fontanelle," *Journal of the American Medical Association,* 222:1545—1546, 1972.

The author suggests that the "remedies" in some of the "folk-medicine" traditions for certain physical abnormalities may result in symptoms of the Battered Child Syndrome. He urges that consideration be given to this possibility, especially with patients of Latin American background, where folk disease concepts and their cures may be found in case histories.

Gunn, Alexander D. G. "The Neglected Child," *Nursing Times* (London), 66(30):946–947, 1970.

Disturbed behavior in children can be symptomatic of neglect. These children marry and conceive earlier and tend to repeat the mistakes of their parents when raising their children. Suggests stronger efforts at prevention of child abuse and neglect.

Hagebak, Robert W. "Disciplinary Practices in Dallas Contrasted with School Systems with Rules Against Violence Against Children," *Journal of Clinical Child Psychology,* 2(3):38–40, Fall, 1973.

The author, a psychologist in Dallas, comments on the practice of corporal punishment in Dallas schools. He points out that the work of Albert Bandura and R. H. Walters on modeling would indicate that the child who sees violence condoned in the school is being taught that that is an acceptable way of handling interpersonal relationships.

Halliwell, R. "Time Limited Work with a Family at the Point of Being Prosecuted for Child Neglect," *Case Conference,* 15(9):343–348, 1968.

Record of the first four months' work with a "problem family" in which they were helped by intensive and timely intervention instead of immediate prosecution and family separation.

Hansen, Richard H. "Suggested Guidelines for Child Abuse Laws," *Journal of Family Law,* 7(1):61–65, 1967.

Existing state child abuse statutes at the time of publication and attendant procedures do not solve the problem. Suggests that the judge in a child abuse case should have the power to direct studies of the child and his family to determine if the child is or can be properly cared for by his family. Discussion of child neglect statutes and custody of minors is also included.

Hartley, Albert I. "Identifying the Physically Abused Child," *Texas Medicine,* 65:50–55, March, 1969.

Offers guidelines to help the physician decide what course of action will be best for the welfare of the child. Aspects of child abuse and Texas laws are discussed as well as the results of a study of 20 abused children done at the University of Texas. High risk conditions are identified within the limitations of the sample.

Hazlewood, Arthur I. "Child Abuse: The Dentist's Role," *New York Dental Journal,* 36:289–291, May, 1970.

Dentists can and should play an important role in identifying abused children. Presents step dentists can take to protect the child. Recommends that dental societies take responsibility for disseminating information about the maltreatment syndrome.

Heins, Marilyn. "Child Abuse—Analysis of a Current Epidemic," *Michigan Medicine,* 68(17):887–891, 1969.

Reports the incidence of child abuse in pediatric

patients at the Detroit General Hospital since 1965. Discusses the clinical picture and diagnostic evidence. Results of follow-up study indicate that children remaining with untreated abusing parents should be considered "at risk." Removal of the child from the adverse environment is recommended.

Helfer, Ray E. "A Plan for Protection: The Child Abuse Center," *Child Welfare,* 49(9):486–494, 1970.

A plan for protection is developed through discussion of four specific points: (1) the degree of involvement continuum; (2) the theoretical basis on which the plan is based; (3) the plan; and (4) the implementation of the plan in a large metropolitan area. A detailed analysis of each phase is included.

———, and Carl B. Pollack. "The Battered Child Syndrome," *Advances in Pediatrics,* 15:9–27, 1968.

Reviews and discusses medical and psychiatric aspects of the syndrome. Also discusses the vital role of many community agencies, including the police and the schools.

Hiller, Renate B. "The Battered Child—A Health Visitor's Point of View," *Nursing Times,* 65:1265–1266, October, 1969.

Reviews importance of the health visitor, who is often the first person to hear about an abused child. Also reviews difficult family situations which might lead to abuse.

Holder, Angela R., and T. D. Johnson. "Child Abuse and the Physician," *Journal of the American Medical Association,* 222(4):517–518, October 23, 1972.

The authors describe the typical case of child abuse and the implications for the physician in terms of responsibilities and exemption from liability under the child protection statutes. They also pose the question of abuse when medical aid is denied because of religious beliefs of the parents and state that this reason is irrelevant reporting the situation to the proper authorities.

Holter, Joan C., and Stanford B. Friedman. "Child Abuse: Early Case Findings in the Emergency Department," *Pediatrics,* 42:128–138, July, 1968.

Reports on a study designed to assess the value of each case finding of suspected child abuse through identification of those children who received emergency treatment for "accidents" at the University of Rochester Medical Center Hospital. The results of 2 studies of accident cases presenting for emergency care 7 of 69 in the first study and 7 of 87 in the second study were suspected abuse cases. The nature of the injuries and the demographic data resulting from home visits are presented.

———, and Stanford B. Friedman. "Etiology and Management of Severely Burned Children: Psychosocial Considerations," *American Journal of Diseases of Children,* 118:680–686, November, 1969.

Presents results of a study of 13 families with severely burned male children. Three etiological categories were formed: (1) the true accident; (2) situational crisis; and (3) child abuse. Management of the children and their families was determined in part upon this type of etiological consideration. Ten incidents were classed in the latter two categories and in these ten either the child or the mother diagnosed as emotionally disturbed or with disturbed personalities.

———, and Stanford B. Friedman. "Principles of Management in Child Abuse Cases," *American Journal of Orthopsychiatry,* 38:127, 1968.

Characteristics of abusive parents are outlined and discussed based upon a study of the care of 19 injured children from 18 families. The parents were seen as immature, dependent, impulsive, rigid, self-centered, rejecting, angry individuals. Fourteen of the families exhibited marked psycho-pathology or mental retardation. Parental neglect and abuse was common in the parents' own histories. Recommends team diagnosis and central reporting procedures.

Homemaker Service of the National Capital Area, Inc. "Strengthening Family Life Through Homemaker-Home Health Aide Services: A Report of a Special Project Conducted in Washington, D.C.," December, 1971.

Presented are the organization, implementation, and results of a program which attempted to educate low SES families in homemaking practices, one major area of child abuse prevention. The results of the project were promising, and provide ideas as to the direction preventive measures should take.

Hopkins, J. "The Nurse and the Abused Child," *Nursing Clinics of North America,* 5(4):589–598, December, 1970.

The nursing profession must assume its role in case finding, prevention, and treatment of the abused child. No other professional has the opportunity to spend as much meaningful time with these patients and their families as does the nurse.

Hughes, A. F. "The Battered Baby Syndrome—A Multidisciplinary Problem," *Case Conference,* 14(8):304–308, 1967.

Hughes lists symptoms and characteristics of child abuse cases: (1) multiple and frequently repeated se-

vere injuries; (2) injuries usually to the ends or the shafts of the long bones, the ribs and the skull, with subdural hematoma; (3) both new and old injuries are revealed or confirmed by x-ray; (4) rapid recovery while in hospital; (5) age—usually under three; and (6) complete denial on the part of parents, implausible stories to explain. Once identified, the Battered Baby Syndrome ceases to be the sole concern of doctors and becomes the equal responsibility of social workers operating within the existing legal framework. This interaction clearly shows that the syndrome must be dealt with by many different professionals and disciplines.

Isaacs, Susanna. "Emotional Problems in Childhood and Adolescence: Neglect, Cruelty, and Battering," *British Medical Journal* (London), 3:224–226, 1972.

Discusses the diagnosis of child battering and evaluation of persons involved. Suggests that it is easier to get parents to cooperate when the child is officially referred for a psychiatric evaluation.

———, "Physical Ill-Treatment of Children," *Lancet,* 1:37–39, January 6, 1968.

Presents results of a survey done in a child psychiatry department over a three year period in which 32 of 699 families presented with evidence of child abuse. Suggests that trained personnel are needed in the area of family assistance. Also cites a survey by Gibbens and Walker of all parents imprisoned between 1953 and 1954 for cruelty to their children, which showed that temporary removal of the child from the home, or family supervision, might have prevented the abuse.

Jackson, Graham. "Child Abuse Syndrome: The Cases We Miss," *British Medical Journal* (London), 5816(2):756–757, June 24, 1972.

Review of 100 randomly chosen cases of physical injury to children indicated that 18 may have been misdiagnosed and showed a marked discrepancy between clinical findings and the parents' story of the cause of the injury. A computerized register for hospitals is suggested as an aid to reporting. The 18 suspected child abuse cases involved children under 2 years and the majority were the youngest child in the family.

James, Joseph, Jr. "Child Neglect and Abuse," *Maryland State Medical Journal,* 21(7):64–65, July, 1972.

Physicians in Maryland may refer to a set of guidelines in order to deal with cases of child neglect and abuse. In this state a report to the police is suggested. The article highlights the reporting program in Maryland.

Janec, J., and Z. Haicl. "Two Case Histories of Children Maltreated by Their Parents," *Prakticky Lekar* (Praha), 49(23):902–903, 1969.

Review of case histories of two children hospitalized with injuries contracted through parental punishment stresses the importance of cooperation between courts and medical authorities in detection of maltreatment.

Jenkins, Richard L., and A. Bayer. "Effects of Inadequate Mothering and Inadequate Fathering on Children," *International Journal of Social Psychiatry,* 16(1):72—78, 1969.

From a group of 1,500 child guidance cases the authors selected 278 cases on the criterion of low quality mothering experience, the remainder of the cases served as a contrast group. The clinical cluster associated with the lack of mothering included hostility, resentfulness, sex problems, rebellious delinquent acts, promiscuity, and a tendency toward depression and anxiety.

———, et al. "Interrupting the Family Cycle of Violence," *Journal of the Iowa Medical Society,* 60(2):85–89, 1970.

Presents a case history of a 9 year old boy who battered two sibling infants in an outburst of violent resentment toward a brutal stepfather. The child tended to model the violent behavior of the stepfather in the home environment yet appeared to be able to function in outside social relationships and in school.

Johnson, Betty, and Harold A. Morse. "Injured Children and Their Parents," *Children,* 15(4):147–152, July-August, 1968.

This article presents a study of 101 cases of child abuse involving physical injury over a two year period in Denver, Colorado. Statistics representing disposition of case, person inflicting injury, ethnicity of family, and type and severity of injury are given. In two parent homes the injury was inflicted by the mother in 32 cases, by the father in 30 cases and in 6 cases by both parents. In single-parent homes mothers were involved in 23 cases and the mother's boyfriend in 5 cases. There were other abusing persons, but with smaller frequencies. The parents were found to be generally incompetent, anxious, hostile, depressive and their responses to events were seen as inappropriate, impulsive and excessive. The authors noted that 70% of abused children deviated from the norms in physical and/or developmental aspects.

Johnston, Carole. "Parental Stress Service—How It All Began," *Journal of Clinical Child Psychology,* 2(3):45, Fall, 1973.

The origin and operation of the Parental Stress Service in Berkeley, California, is described by the author. The Service provides 24 hour response to crisis calls by sending a trained volunteer to help work through the crisis with the parent and also to provide a respite from 24 hour parenting. The goals are described as: (1) to interrupt the intergenerational cycle of child abuse; (2) aid caretakers at risk of losing control; (3) agency referral for long-term help; (4) establish a 24-hour, seven day a week program; and (5) educate the public on the problems of child abuse.

Kempe, C. Henry. "The Battered Child and the Hospital," *Hospital Practice,* 4:44–57, October, 1969.

Presents various techniques used in hospitals to prepare both the parents and the abused child for a return to the home. The author discusses the use of senior citizens in a mothering role in the therapy of abused children. Recommends development of regional metropolitan centers for the study and care of abused and neglected children.

———. "Paediatric Implications of the Battered Baby Syndrome," *Archives of Diseases in Childhood* (London), 46(245):28–37, 1971.

States the symptoms and characteristics of the Battered Child Syndrome and reports that frequency of occurrence may be as high as 6 in 1000. Suggests that early management of this syndrome involves an immediate separation of the child from its parents, along with treatment focused on the needs of the parents.

Kiluchova, Jarmila. "Severe Deprivation in Twins: A Case Study," *Journal of Child Psychology and Psychiatry,* 13:107–114, 1972.

This is an interesting case study of a set of identical twins reared in isolation from the age of 18 months to 7 years. When discovered by child welfare personnel and examined, their mental age was 3 years. After placement in a foster home for a period of approximately two years they seemed to approach normal in terms of I.Q. and physical size. Immediately after removal from the abusing and neglectful environment, the twins had extremely poor oral communication and were unable to comprehend pictures as representative of real objects.

Klein, Michael, and Leo Stern. "Low Birth Weight and the Battered Child Syndrome," *American Journal of Diseases of Children,* 122:15–18, July, 1971.

Fifty-one cases of battered child syndrome seen over a period of nine years at the Montreal Children's Hospital were reviewed to explore the possibility that low birth weight predisposes to this condition. Of these 51 infants, 12 (23.5 %) were low birth weight infants, the expected low birth weight rate based on the Quebec perinatal figures is 7% to 8%. Associated with these instances of battering of former low birth weight infants was a high degree of isolation and separation of infant from the parents in the newborn period (mean hospital stay, 41.4 days) and a strong history of deprivation in the maternal history and in the child prior to battering. Suggestions are made for early detection and intervention.

Klaus, Marshall H., et al. "Follow-Up of Low Birth Weight Infants. The Predictive Value of Maternal Visiting Patterns," *Pediatrics,* 49:287–290, February, 1972.

Klaus has reported that in the case of mothers with premature infants in incubators, the number of visits which the mother makes to the infant is indicative of later care. Mothers with low visit rates were found to be high risks in terms of child neglect later on.

Koel, Bertran S. "Failure to Thrive and Fatal Injury as a Continuum," *American Journal of Diseases of Children,* 118(4):565–567, October, 1969.

The article recounts the case histories of three infants who presented initially as "failure to thrive." After repeated hospitalization for the same condition and later for more traumatic injuries, two of the infants died and the third was placed in a foster home. The author cautions the examining physician as to the potential environmental dangers to the child who presents with the "failure to thrive" syndrome.

Kreisler, L., and P. Straus. "The Perpetrator of Cruelty Upon Young Children. A Psychological Approach," *Archives Francaises De Pediatrie* (Paris), 28:249—265, 1971.

A sample of 110 cases of child abuse were observed in a Paris hospital. Four of these cases were studied with emphasis on the psychological characteristics of those who inflict physical abuse upon young children. Conclusions are given concerning practical pediatrics and prevention.

Lascari, Andre D. "The Abused Child," *Journal of the Iowa Medical Society,* 62:229–232, 1972.

The author synthesizes some of the research findings and presents an overview of the problem and the obligations of the physician to the parents and the

patient. He states that prosecution of the parents is seen as counter-productive and is not recommended.

Laury, Gabriel V. "The Battered Child Syndrome: Parental Motivation, Clinical Aspects," *Bulletin of the New York Academy of Medicine,* 46(9):676—685, 1970.

Laury explores some of the apparent reasons and underlying motivations for the battering parent's behavior in the Battered Child. These underlying motivations generally reflect deep-seated hostility in the parent, which may pertain only tangentially to the child and arising from a rejection of the child or frustration with the quality of life. Parents may be abused themselves and unwittingly imitate their battering parents.

———, and Joost A. M. Meerloo. "Mental Cruelty and Child Abuse," *Psychiatric Quarterly Supplement,* 41(2):203–254, 1967.

Mental cruelty as a form of child abuse is discussed. Presents examples of forms of child abuse, such as parental deprivation, excessive overconcern, and perfectionalism beyond the capabilities of the child. Suggests treatment to stop cycle of child abuse.

Leaverton, David R. "The Pediatrician's Role in Maternal Deprivation," *Clinical Pediatrics,* 7(6):340–343, June, 1968.

Defines and describes maternal deprivation, and cites three case histories taken from a military environment. Common characteristics to all cases are listed and discussed such as emotional disturbance in the maternal family, marital difficulties, rejection of child, and isolation of family from friends or relatives.

LeBourdais, Eleanor. "Look Again . . . Is It Accident or Abuse?" *Canadian Hospital* (Toronto), 49:26–28, January, 1972.

Legislation which requires reporting of suspected cases of child abuse is relatively new in Canada; however, cases are often not reported because social workers, clergy, educators, or physicians do not wish to become "involved." Study cites work by Skinner and Castle suggesting that a high incidence of facial injury may aid in the early detection of abuse, and that battering is usually found in more than one child per family. Also cited is a study by Morris, Gould, and Matthews which classifies typical forms of behavior of the hospitalized battered child.

Leisvesley, S. "The Maltreated Child—A Cause for Concern," *Medical Journal of Australia* (Sydney), 1:935–936, April 29, 1972.

Presented are three ways in which the hospital can help in the investigation of the Battered Child Syndrome: (1) admission to the hospital for investigation; (2) referral of parents to a psychiatrist or social worker; and (3) the use of the team approach to aid the child in healthy development.

Lewis, Melvin, and Philip M. Sarrel. "Some Psychological Aspects of Seduction, Incest, and Rape in Childhood," *Journal of American Academy of Child Psychiatry,* 8:606–619, October, 1969.

Based on the authors' observations of sexually abused children, this study reconsiders the relationship between the sexual event and subsequent psychological outcomes. The possible effects of the event of seduction, incest or rape are briefly reviewed, and the significance of the findings for the concept of trauma are discussed for infancy, early childhood, middle childhood, and adolescence.

Lukianowicz, Nancy. "Battered Children," *Psychiatrica Clinica* (Basel), 4(5): 257–280, 1971.

Reports a study of 18 children diagnosed as abused in three clinics in Northern Ireland. The mean age of the mothers was 22 years and 24 years for the fathers. In 14 cases the batterer was the mother, in 2 cases the father, and in 2 cases both parents participated in the battering. In this study 14 of the 18 children were the only child, and the mothers express rejection of the infant in all cases.

Mackler, Stuart F., and Arthur L. Brooks. "Diagnosis and Treatment of Skeletal Injuries in the Battered Child Syndrome," *Southern Medical Bulletin,* 58(3):27–32, June, 1970.

Discusses the Battered Child Syndrome along with a brief overview of its history, diagnosis, and classic x-ray manifestations. Other diagnostically similar conditions are also called to the attention of the reader. Cooperation between orthopedists and social service agencies is essential in the treatment of the Battered Child Syndrome.

Martin, Harold P. *Follow-up Studies on the Development of Abused Children,* JFK Child Development Center, National Center for Prevention and Treatment of Child Abuse and Neglect. (Unpublished Manuscript, 1973.)

This paper reports two follow-up studies of abused children. In the first study of 42 children 33% were mentally retarded, and 43% were neurologically impaired. These children were victims of neglect as well in that 33% were reported in the initial presentation as undernourished.

The second study focused on 38 abused children who had suffered less severe trauma but 36% of the group were undernourished at the initial examination and 18 of the 21 still exhibited growth retardation. Fifty-three percent were judged to have poorly functioning nervous systems, with 31% having serious neurologic deficits. Learning and behavior problems were common findings.

Martin, Helen L. "Antecedents of Burns and Scalds in Children," *British Journal of Medical Psychology* (London), 43:39–47, March, 1970.

This paper reports the results of a study of antecedent conditions in 50 cases of burns or scaldings of children 0–14 years old. The findings indicate that almost all of the mothers were preoccupied with some unresolved problem at the time of the incident. Although the cases were not diagnosed as child abuse some of the home environment characteristics resembled those of homes where child abuse has occurred such as ambivalency concerning pregnancy, marital hostility, and isolation of the family from external relationships with others.

McRae, Kenneth N., et al. "The Battered Child Syndrome," *Canadian Medical Association Journal,* 108(7):859–866, April 7, 1973.

A sample of 132 children diagnosed as child abuse victims were examined in an out-patient clinic in Winnepeg. The population served is characterized as low SES by the authors. The majority of the group (78%) were under 3 years old with 81 boys and 51 girls in the sample. The sample also had a high premature birth rate. The mother was the abuser in 32% of the cases, the father in 27½, both parents in 11%, others in 8% and in 22% of the cases the abuser was not identified. Recommendations as to programs and hospital policy are presented as well.

"Medical Management of Child Abuse," *Journal of the Medical Society of New Jersey,* 69:551–553, June, 1972.

Stresses importance of alerting the physician to his moral, professional, and legal responsibilities in the area of child abuse. The general problem of the battered child is reviewed and suggestions are offered about management.

Medici, Frank N. "Battling Mysterious Crib Death," *Medical Opinion*, Appearing in condensed form in *Reader's Digest*, 137–141, May, 1973.

Presented are the three major volunteer health organizations who have done work in the Sudden Infant Death (SID) Syndrome: (1) The International Guild for Infant Survival; (2) Andrew Menchell Infant Survival Foundation (NYU School of Medicine); and (3) The National Foundation of Sudden Infant Death (NYC). Also presented are the theories of Dr. Abraham Bergman of NFSID who states that SID may be caused by a virus, instead of an often-cited cause of abuse.

Melnick, Barry, and John R. Hurley. "Distinctive Personality Attributes of Child-Abusing Mothers," *Journal of Consulting Clinical Psychology,* 33:746–749, December, 1969.

Two groups of mothers, ten abusive, and ten control, were matched for age, social class, and education with comparisons made on 18 personality variables. Findings are consistent with most contemporary descriptions of abusive mothers being chronically hostile, overwhelmed by maternal responsibilities, etc. Appearing more characteristic of abusing mothers in this study were an inability to empathize with their children, severely frustrated dependency needs, and a probable history of emotional deprivation.

Meyers, Stephen A. "The Child Slayer: A 25 Year Survey of Homicides Involving Preadolescent Victims," Archives of General Psychiatry, 17:211–213, 1967.

Eighty-three cases of felonious homicide involving preadolescent victims in Detroit from 1940 to 1965 were studied. Psychosis was the most common precipitating factor, and the one most prevalent among the accused mothers. Male assailants tended to use instruments in attack or hands, but females used asphyxiation to murder child. Author poses the possibility of misdiagnosis of crib death syndrome.

Michael, Marianne K. "Follow-up of Abused Children Reported from University Hospitals," *Journal of the Iowa Medical Society,* 62:235–237, 1972.

Discusses a study of the reporting policy formulated by University Hospitals (not a central registry for Iowa) which only sees patients referred by a physician. The records of 28 cases were reviewed and findings indicate that 85% of the victims were under 3 years old, in 16 of the 28 families both parents were present, and 84% had 3 or less children.

Miller, Merle K., and Henry J. Fay. "Emergency Child Care Service: The Evaluation of a Project," *Child Welfare*, 48(8):496–499, 1969.

The authors report the findings of the Emergency Child Care Committee in Springfield, Massachusetts in their evaluation of a project committed to emergency child care service. The project was described as well

as the levels of intervention employed. These levels ranged from location of parents, or relatives or friends in the case of an unattended child to removal from the home where the child's safety was at stake. In the local setting the existing agencies were unable to do an adequate job as judged by the committee, nor were intervention modes utilizing only telephone contact and aid from relatives or friends of the family. The presence of a case worker on the emergency scene was found to be worthwhile to the eventual successful resolution of the case.

Mitchell, Betsy. "Working with Abusive Parents: A Caseworker's View," *American Journal of Nursing*, 73:480–482, March, 1973.

The key to helping an abused child is through a relationship with the parents. Stresses need for communication between nurses, social workers, and community service agencies. The recommendations are based on the personal experiences of the author in New York City.

Morse, Carol W., et al. "A Three-year Follow-up Study of Abused and Neglected Children," *American Journal of Diseases of Children*, 120:439–446, November, 1970.

Study of 25 children judged to have experienced abuse or gross neglect when seen at Strong Memorial Hospital, University of Rochester. Purpose was to see how children were growing, and to determine treatment methods that were most effective. The results were inconclusive, but indicate that the parents tended to be intellectually limited, immature, self-centered or dependent and unable to meet the needs of the child. The mother's relationship with the child was critical and the authors recommend that the services proffered be designed to strengthen this relationship.

Murdock, C. George. "The Abused Child and the School System," *American Journal of Public Health*, 60:105–111, January, 1970.

Describes first four years of a Syracuse, New York, school system program based on the premise that the school would be valuable in detecting cases of child abuse in older children. Presents statistics by year (1964–1968) and the problems of overcoming fear of liability on the part of the teachers. Most suspected cases were young children from lower SES homes.

"A New Missouri Approach to the Agony of Child Abuse," *Missouri Medicine*, 67(1):56, 1970.

Reprint of an editorial appearing in the Kansas City Times, October 20, 1969, concerns the new (1969) Missouri law on child abuse. The new law contains a mandatory reporting provision requiring anyone dealing with children for financial remuneration to report to juvenile or welfare authorities any suspected case of abuse. Consequences of failure to do so are also discussed.

Newberger, Eli, et al. "Child Abuse in Massachusetts. Incidence, Current Mechanism for Intervention, and Recommendation for Effective Control," *Massachusetts Physician*, 32(1):31–38, January, 1973.

Presented are the detailed findings and recommendations of the Governor's Committee on Child Abuse, convened by Governor Francis W. Sargent of Massachusetts in 1970. Newberger reports the results of a questionnaire study conducted in Massachusetts in 1970. From a sample of 825 physicians, pediatricians and general practitioners, 281 replied. These replies indicated 224 cases of abuse and 416 cases of neglect. Forty-one hospitals of the 125 surveyed replied with 181 cases of abuse and 393 of neglect. Newberger's conservative extrapolation estimates the total number of abuse and neglect cases in the state at 7,290. Makes suggestions for definition of abuse.

———, et al. "Reducing the Literal and Human Cost of Child Abuse: Impact of a New Hospital Management System," *Pediatrics*, 51(5):840–848, May, 1973.

The authors discuss the treatment of child abuse and neglect from a team approach and using refined techniques of diagnosis and risk estimates. The overall technique is evaluated on a cost per patient basis and the readmission rate of the abused children. The pre-team cost per patient was $3,000 and the post-cost $2,500 with 10% readmission before the formation of the team and only 1.7% after. A life table approach to reinjury risk is illustrated.

Oliver, J. E., and Audrey Taylor. "Five Generations of Ill-Treated Children in One Family Pedigree," *British Journal of Psychiatry* (London), 119:473–480, November, 1971.

Five generations of ill-treated children are described in detail. The family pedigree is representative of a number of others in the locality under study. The families described contain numerous members who suffer from mental illness, profound disturbances of personality, and degrees of subnormal intelligence. Implications for preventive medicine, particularly for family planning, are discussed.

O'Neill, James A., et al. "Patterns of Injury in the Battered Child Syndrome," *The Journal of Trauma*, 13(4):332–339, April, 1973.

The authors present the injury patterns of 110 patients, 68 males and 42 females, between the ages of 3 weeks and 11 years, admitted to hospitals in the Nashville metropolitan area of Tennessee. The largest percentage of those examined were in the age range of 6 months to one year. Siblings were victims in 6 incidents. Parents were either strongly suspected or known to be the abuser in 79 cases with the mother being identified in 55 of these. Neglect was potentially indicated based on dehydration, malnutrition, or anemia in 37 of the cases. Multiple contusions and lacerations were evident in 70 of these cases and burns inflicted in 28 cases. Long bone fractures were the most common type of fracture in the 28 children and infants with skeletal injuries, 20 of these had older fracture injuries in various stages of healing. Head injuries were apparent in 34 cases, 18 in a comatose state with subdural hematomas. In this sample 8 children died as the result of the battering. All patients seemed to be in a retarded state following the injury although two had given indications of retardation beforehand.

"Our Children's Keepers," *Journal of the Canadian Dental Association*, 37:245, June-July, 1971.

The need for legislation on child abuse in Canada is examined in this editorial. Greater severity in the courts might produce a deterrent effect.

Park, Roger W., and S. Douglas Frasier. "Hyperthyroidism Under 2 Years of Age: An Unusual Case of Failure to Thrive," *American Journal of Diseases of Children*, 120:157–159, August, 1970.

The authors point out that although the condition is relatively rare, hyperthyroidism can occur in infants and young children and should, therefore, be considered in young children who present with "failure to thrive."

Paulson, Morris J., and Anne Chaleff. "Parent Surrogate Roles: A Dynamic Concept in Understanding and Treating Abusive Parents," *Journal of Clinical Child Psychology*, 2(3):38–40, Fall, 1973.

The authors report a study in which they conducted a rehabilitative group psychotherapy program with a sample of 61 parents of abused children. Both parents were involved where possible in the 3 year program. Paulson and Chaleff became accepted parent-surrogates in their roles as therapists and note that for many of the subjects ". . . co-therapists as parent-surrogates can be a psychological antidote to those emotionally empty and at times violent relationships which characterize the early, chronic, life experience of our immature, impulsive, emotionally starved, and 'unmothered' parents."

———, and Phillip R. Blake. "The Physically Abused Child: A Focus on Prevention," *Child Welfare*, 48(2):86–95, 1969.

Reviews the history of child abuse, and compares the results of a study of 352 cases of suspected maltreatment in one geographical area of Los Angeles County in California, with results of other studies. A total of 96 of these cases were confirmed abuse and 90% of them fit the classic definition. The data reveal personal-social characteristics of the abusing parents, their home life, and their family structure.

Pike, Enid L. "C.A.L.M.—A Timely Experiment in The Prevention of Child Abuse," *Journal of Clinical Child Psychology*, 2(3):43–44, Fall, 1973.

Describes the origin, goals, and functioning of C.A.L.M.—Child Abuse Listening Mediation. Program is designed to prevent child abuse, and to solicit the voluntary response and involvement of parents who are demonstrating symptoms of potential child abuse in seeking and accepting help. C.A.L.M. is in close cooperation with other organizations in the community, and is used by physicians frequently. During the first two years of existence, 481 cases were handled.

Polansky, Norman A., et al. "Child Neglect in a Rural Community," *Social Casework*, 49(8):467–474, 1968.

Report on a pilot study in Appalachia of the personality of the inadequate mother. Study was designed to advance the level of theoretical formulation for later, large-scale studies.

———, et al. "Verbal Accessibility in the Treatment of Child Neglect," *Child Welfare*, 50(6), June, 1971.

The concept of Verbal Accessibility (V.A.) is developed as a means to help the neglecting mother who is overwhelmed by the "apathy-futility syndrome" brought on by the frustrations of her environment. The V.A. of the client is described in a six level scale from spontaneous verbalization to evasion of verbal expression. The V.A. rating is indicative of the personality of the mother, but more importantly the investigators found that the higher the V.A. rating the higher the cognitive functioning of the children. Implications for neglect are expressed in terms of non-communication between mother and child.

Protective Services in Public Welfare—Davidson County, Tennessee. Children's Bureau Project Number D—283.

Presents complete results of a project done under the direction of the Tennessee Department of Public Welfare, Davidson County, Tennessee, designed to develop a Child Protection Agency for that area.

Purvine, Margaret, and William Ryan. "Into and Out Of: A Child Welfare Network," *Child Welfare,* 48(3):126–135, March, 1969.

This study analyzes the acceptance procedures in the welfare agencies (13) of a metropolitan area and indicates that each agency tends to serve its accustomed clients. The authors suggest that from a network viewpoint this behavior, although rational within the individual spheres of the agency, is neglecting certain portions of the community. There is a distinct tendency to accept only those cases which can readily be resolved by the agency.

Raffalli, Henri Christian. "The Battered Child: An Overview of a Medical, Legal and Social Problem," *Crime and Delinquency,* 16(2):139–150, 1970.

Presents facts on reports of 71 hospitals on 302 cases of child abuse, and includes follow-up reports on the children. There were 33 fatalities and 55 cases diagnosed as permanently brain damaged. Brings out many problems in defining and prosecuting hard-to-prove cases of child abuse.

Reeb, Kenneth G., et al. "A Conference on Child Abuse," *Wisconsin Medical Journal,* 71:226–229, October, 1972.

Deals with the problem of detecting, aiding, and prosecuting the adult who abuses the child. Recommendations include prompt reporting, remedial services, quick action by the courts, and a 24 hour receiving area for injured children. The authors note that the professional should be aware of the possibility of love between the battering parent and the child.

Reinhart, John B., and Elizabeth Elmer. "Love of Children—A Myth?" *Clinical Pediatrics* (Philadelphia), 7:703–705, December, 1968.

Emphasizes the problems of raising children. Factors in rehabilitation are cited and discussed. A 1959 study by Sheridan is cited in which neglecting mothers were placed in a residential training home and after 4 months of training 39% were able to benefit from the experience. Includes suggestions for services to abused children.

Resnick, Phillip J. "Child Murder by Parents: A Psychiatric Review of Filicide," *American Journal of Psychiatry,* 126:325–334, September, 1969.

Reviews 131 cases of child murder and proposes a classification system of filicide by apparent motive. The five categories are: (1) altruistic—child is killed so as to prevent abandonment with suicide of parent; (2) acute psychotic; (3) unwanted child; (4) "accidental"; and (5) "spouse revenge." Most child abuse cases fall in category 4. Recommendations to reduce the frequency of such crimes are presented.

Riley, Harris D. "The Battered Child Syndrome: General and Medical Aspects," *Southern Medical Bulletin,* 58(3):9–13, June, 1970.

The importance of the family doctor in situations of even suspected abuse is discussed as it relates to the child, the parent, and the court. A report is presented on the correlation between the injury being treated and the history being provided on its occurrence. Observations are that this might suggest previous abuse, which is an important aid in providing a court with evidence of a crime. Surveys done at the University of Oklahoma Medical Center indicate that 10% of admitted patients under 6 years old are suspected abuse cases. From this group 25–30% are permanently injured and 5% will die.

Robertson, I., and P. R. Hodge. "Histopathology of Healing Abrasions," *Forensic Science,* 1:17–25, April, 1972.

This article points out to the professional performing autopsies the need to determine the chronology of injuries and death with regard to victims of child abuse.

Rochester, Dean E., et al. "What Can the Schools Do About Child Abuse?" *Today's Education,* 57:59–60, September, 1968.

Results of a two-page questionnaire sent to 45 elementary school principals and counselors in a midwest metropolitan area are presented. Results are limited because questions asked were mainly descriptive in nature. A total of 21 respondents indicated that 61 cases of child abuse had come to their attention. In 31 cases the counselor in the school had conferences with the abusing caretakers. Conclusion was that school personnel can be important in stopping child abuse.

Rodenburg, Martin. "Child Murder by Depressed Parents," *Canadian Psychiatric Association Journal* (Ottawa), 16(1):41–48, February, 1971.

Reviews the dynamics of child murder by depressed parents, and presents several factors of murders performed by parents in a depressed state. Author believes that parental factors can be recognized and specified and that this may help in child abuse prevention. Canadian statistics are used from 1964 to 1968.

Rosen, Shirley R., et al. "Aftermath of Severe Multiple Deprivations in a Young Child: Clinical Implications," *Perceptual and Motor Skills,* 24(1):219–226, 1967.

Presents a specific account of daily treatments and progress of three neglected children. Specific areas of impairment are illustrated, along with various techniques used by speech therapists in the rehabilitation of the child.

Rowe, Daniel S., et al. "A Hospital Program for the Detection and Registration of Abused and Neglected Children," *New England Journal of Medicine,* 282(17):950–952, 1970.

This article describes a program for the early detection of abused children called DART which has been set up at the Yale University Medical Center. If abuse or neglect seems probable or is established, the family physician and agencies working with the family are notified and the child's name is placed on the registry.

Salmon, M. A. "The Spectrum of Abuse in the Battered Child Syndrome," *Injury: British Journal of Accident Surgery,* 2:211–217, January, 1971.

Offers six case histories to illustrate the range of injuries encompassed by the general definition of the Battered Child Syndrome. States the need to have a clear picture of the spectrum of abuse from which to work.

Sanders, R. Wyman. "Resistance to Dealing with Parents of Battered Children," *Pediatrics,* 50:853–857, 1972.

Resistance on the part of the physician to dealing with parents of battered children appears to be a transcultural phenomenon as well as an individual issue. Pertinent literature and case examples are cited to support this hypothesis.

Sattin, Dana B., and John K. Miller. "The Ecology of Child Abuse Within a Military Community," *American Journal of Orthopsychiatry,* 41(4): 675–678, July, 1971.

Study by Infant Protection Council at William Beaumont General Hospital in El Paso, Texas used two groups of parents: 39 abusive families were compared with 57 families using the same medical facility. The researchers found that a higher incidence of child abuse cases were found in poorer residential areas of El Paso. Abusing parents were more likely to live in this area than other military families. The control and abusive groups differed significantly on measures of income and stress levels in neighborhoods.

Savino, A. B., and R. Wyman Sanders. "Working with Abusive Parents. Group Therapy and Home Visits," *American Journal of Nursing,* 73:482–484, 1973.

Presents an overview of the program of UCLA Neuropsychiatric Institute in working with abusive parents, including group therapy for parents who have been charged in court with either "child abuse" or "maintaining an unfit home." The approach emphasizes acceptance of the parent and the inculcation of parenting skills.

Schultz, Leroy G. "The Child Sex Victim: Social, Psychological and Legal Perspectives," *Child Welfare,* 52(3):147–157, March, 1973.

Reviews the problem of many types of sexual abuse of children including: victim topology, effects of victimization, and present and recommended social work treatments. The author estimates that up to 50% of the incidents go unreported because of the negative effects of the judicial process upon the victim.

Shulman, Kenneth. "Late Complications of Head Injuries in Children," *Clinical Neurosurgery,* 19:371—380, 1972.

In addition to the need for additional consultation with the parents of young patients the author stresses the need for awareness on the part of the physician of the Battered Child Syndrome, especially in the case of repeated trauma.

Silver, Henry K., and Marcia Finkelstein. "Deprivation Dwarfism," *The Journal of Pediatrics,* 70(3,1): 317–324, March, 1967.

Deprivation dwarfism is a physical and psychological syndrome characterized by extreme short stature, voracious appetite, and marked delay in skeletal maturation. The condition develops in children who have suffered from emotional and psychological deprivation. Emotional disorders in the parents and grossly disturbed family relationships are generally present.

Silver, Larry B. "Child Abuse Syndrome: A Review," *Medical Times,* 96:803–820, 1968.

A review of the literature from all disciplines in the hope that such a summary will assist the practicing physician to become more alert to the child abuse syndrome and to his role in working with the community.

———, et al. "Agency Action and Interaction in Cases of Child Abuse," *Social Casework,* 52 (3):164–171, 1971.

A retrospective review of hospital and community agency records was made in order to study the roles

played by individual agencies in cases of child abuse, and the effectiveness of agency intervention in preventing further abuse. The study supports the concept that child abuse is reflective of family pathology.

_____, et al. "Child Abuse Laws—Are They Enough?" *Journal of the American Medical Association,* 199:65–68. January 9, 1967.

Presents the results of a survey of 450 physicians in the Washington, D.C., metropolitan area on their knowledge of the Battered Child Syndrome, their awareness of the community procedures available, and their attitude toward separating such cases under the protection of the new child abuse laws. Results based on a return of 179 questionnaires suggest that methods of communication between medical and community organizations and the physicians have not been completely effective in familiarizing the physician with the Battered Child Syndrome or with the community procedures to be used for the reporting of child abuse cases.

_____, et al. "Child Abuse Syndrome: The 'Gray Areas' in Establishing a Diagnosis," *Pediatrics,* 44(4):594–600, 1969.

Exploration of situations in which the physician found it difficult to establish or rule out the diagnosis of child abuse. In such cases, the major issues were the physician's subjective personal feelings, his misunderstanding of the child abuse laws, and his role and responsibilities. The five main reasons for nonreporting were indicated as: (1) subjective interference where the child abuse diagnosis was rarely considered (28%); (2) benefit of the doubt—physicians tended to accept even the most implausible rationale for injury (19%); (3) responsibility for act uncertain—the physician was unable to positively identify the abuser (19%), (4) parental privilege to punish (6%); and (5) effects of alcohol rendered abuser unconscious of actions (17%). Authors point out that it is more difficult to develop an approach to minimize the physician's subjective feelings or personal views which confound his ability to establish the clinical impression.

_____, et al. "Does Violence Breed Violence? Contributions from a Study of the Child Abuse Syndrome," *American Journal of Psychiatry,* 126:404–407, September, 1969.

This retrospective study suggests that some abused children learn to cope with emotional stress but others are high risks as potential child abusers. There was a record of abuse in the childhood experiences of 20 of the 34 cases examined. However, the authors conclude that violence does appear to breed violence, particularly when the abused identifies with the abuser as a means of coping with the stressful situation.

Silverman, Frederick N. "Unrecognized Trauma in Infants, the Battered Child Syndrome, and the Syndrome of Ambroise Tardieu," *Radiology,* 104:337–353, August, 1972.

The author points out the various aspects of diagnosing the "battered child syndrome" and adds an additional note which indicates that Ambroise Tardieu (1818–1879) published a book on abuse and maltreatment that lists symptoms and conditions very similar to those presented by Kempe, et al., in their book on child abuse.

Simons, Betty, and Elinor F. Downs. "Medical Reporting of Child Abuse Patterns, Problems and Accomplishments," *New York Journal of Medicine,* 68:2324–2330, 1968.

The author presents a description of child abuse reporting patterns which became apparent after the Child Abuse Registry was instituted in New York City in 1964. The results of an experiment were reported which gave a dramatic increase in the reporting rates of the target group: department heads of city hospitals. There has been a general change in legislation away from the punitive approach and toward rehabilitation of the families involved.

Simpson, Keith. "The Battered Baby Problem," *South African Medical Journal,* 42:661–663, July 6, 1968.

Six features of the battered baby syndrome are discussed and case histories are given. Six features are: (1) infants, usually 2–3 years of age, are subjected to abuse: (2) persistent or repeated violence at the hands of abusers; (3) either, or both, parents or guardian, who abuse; (4) either fail to report, or delay reporting, the injuries they are aware of, and who abuse; (5) affect ignorance or lie, offering a simple explanation for the injuries; and (6) inadequate, sub-normal or simple, but seldom under medical care for mental disorder.

Smith, Homer A. "The Legal Aspects of Child Abuse," *Southern Medical Bulletin,* 58(3):19–21, June, 1970.

Discusses legal protection of abused children and mandatory reporting of suspected abuse as provided by the Oklahoma statutes annotated in Title 21 of Oklahoma Laws. All possible attempts are made to keep the child with his own parents and only when all methods fail is the child put up for adoption.

Smith, R. C. "New Ways to Help Battering Parents," *Today's Health,* 51:57–64, January, 1973.

Reports on the work of the University of Colorado Medical Center in dealing with battered children and their parents. Discusses several case histories and stresses the use of group therapy and parent aides in parent rehabilitation.

Smith, Selwyn. Child Abuse Syndrome," *British Medical Journal,* 3:113–114, 1972.

The author reports on the results of examinations of 103 cases of "unexplained injuries" in children under five years of age in the course of a broadly based research project. Presents statistics concerning the children and also makes some inferences as to the cause of the abuse. Only 6% of the cases were referred to medical attention immediately while for 40% of the cases the interval between the battering and seeking medical aid for the victim was several days or more. Many of the children had old fractures (46%) and 50% had bruising of the head. The siblings in 22% of the cases had histories of maltreatment and many had been presented with failure to thrive.

Solomon, Theodore. "History and Demography of Child Abuse," *Pediatrics,* 51(4): 773–776, April, 1973.

In 1969 approximately 2,600 cases of child abuse were reported in New York City. Of these, only 11 were reported by private physicians—none by dentists. Since the inception of the city registry in New York, the local rate of child abuse case reports has increased 549%. Extrapolation, by the author, from California and Colorado data indicate that between 200,000 and 250,000 children are in need of protective services.

_____, et al. *The Mayor's Task Force on Child Abuse and Neglect.* New York: Center for Community Research, 1970.

A report on child abuse as a major health and social problem in New York City and the creation of the Mayor's Task Force to examine the social, medical, and legal services involved in programs of child protection. Specific purpose was to evaluate the effectiveness of the 1964 New York State Child Abuse Law and the administrative machinery set up to carry out its mandate.

Spinetta, J. J., et al. "The Child-Abusing Parent: A Psychological Review," *Psychological Bulletin,* 77(4):296–304, April, 1972.

Presents an overview of recent literature on the parents of battered children. A critique is made of a recent demographic survey in light of the data.

Steele, Brandt F. "Violence in Our Society," *The Pharos of Alpha Omega Alpha,* 33(2):42–48, April, 1972.

The author indicates that abusive parents constantly refer to three main themes: (1) expect unusually high level of performance based upon conviction that certain things are right, necessary, and must be carried out; (2) firmly believe physical punishment a necessary and correct form of discipline to be used to implement their high standards; and (3) they inevitably totally disregard their infant's own helpless state and inabilities as well as his desires and needs.

Stern, Leo. "Prematurity as a Factor in Child Abuse," *Hospital Practice,* 8(5):117–123, May, 1973.

Author raises the possibility that among the consequences of recent advances in management and low weight and ill newborns is that the early interpersonal relationship between infant and mother is altered in an undesirable way while infant is hospitalized for diagnosis and treatment. Not only may the infant's early experience make it difficult for him later in relating normally to the mother, but for her there may be difficulty in forming close attachment to him. Her predominant feeling may be at best indifference or at worst total rejection. The maternal behavior so disturbed to permit a mother to inflict overt harm on her child may derive at least in part from an early failure in mother-infant interaction during the critical time for forming a normal relationship. The author indicated that the earlier contact is accomplished between mother and infant the better the later relationship will be.

Author's statements are based on a study of cases of child abuse at Montreal Children's Hospital over a 9 year period of 51 abused children, 12 or 23.5% had been low weight infants at birth; 9 of the 12 were seriously ill, and required extended hospitalization. Three of the 12 died, 2 of these three had been hospitalized for extended period after birth.

Straus, Murray A. "Cultural and Social Organizational Influences on Violence Between Family Members." Paper read at the Mental Hygiene Institute Conference on "Sex, Marriage and the Family," November 30, 1972, Montreal, Canada.

Studies show that abusing parents have learned an abusive role model from their parents which is brought into effect when a stress condition occurs. The larger the number of children in a family, the more often physical punishment is used.

Straus, P., and A. Wolf. "A Topical Subject: The Battered Child," *Psychiatrie De L'Engant* (Paris), 12(2):577–628, 1969.

Description of the Battered Child Syndrome is detailed by a pediatrician and a child psychiatrist. Clinical observations of cases encountered in a Parisian hospital showed that in the majority of the cases, the child must be removed from the dangerous environment, and that psychotherapy for the parents should be undertaken.

Sussman, Sidney J. "The Battered Child Syndrome," *California Medicine*, 108:437–439, 1968.

Presents a study of 21 physically abused children in San Francisco. Describes general characteristics as evidenced by these families, such as high incidence of illegitimate births, mental disease, and criminal records. In 6 of the 10 families with more than 1 child other siblings were abused as well.

Swanson, David W. "Adult Sexual Abuse of Children," *Diseases of the Nervous System*, 29:677–683, 1968.

A study of 25 cases of sexual abuse involving Caucasian males which discovered that such abuse of children cannot be attributed only to persons of a particular personality or to pedophiliacs. In 76% of the cases the victim was readily accessible to the abuser. Males constituted the majority of the offenders (88%).

_____, et al. "Alcohol Abuse in a Population of Indian Children," *Diseases of the Nervous System*, 32:835–842, December, 1971.

On occasion, alcohol is used as a food substitute, a sedative, a medicine or as an intoxicant by parents with their children according to the authors. This study focused on 42 Indian children from 2–16 years, averaging 14.5, "who drank regularly and were intoxicated at least four times a year." (p. 836.) In the sample studied 30% less often. The authors feel that the child protecting limits of the particular Indian culture "do not include an understanding that alcohol is a drug whose use without restraint is ruinous."

Swedish Association of Psychologists. "Forbundet om Barnmisshandel," (Society for the Prevention of Cruelty to Children), *Psykolognytt* (Stockholm), 15(6):14–16, 1969.

Procedures of the Social Administration in handling cases of child mistreatment are reviewed and criticized. Recommendations include a central committee, the type of professionals who should staff it, and other preventive measures to be pursued in the schools and other community centers.

Swischuk, Leonard E. "The Battered Child Syndrome: Radiologic Aspects," *Southern Medical Bulletin*, 58(3):24–26, June, 1970.

The radiologist must be alert to discrepancies between the time of occurrence given in the parents' description of the incident involving a fracture and the radiologic findings which may indicate that the fracture occurred earlier. The author also points out that long bone fractures are more typical in abuse of younger children while older children may exhibit finger trauma due to the interaction of the child's size and the abusive treatment.

"Symposium on Child Abuse," *Clinical Proceedings of the Children's Hospital*, 24:351–393, 1968.

Focuses on the role of the nurse in the care and prevention of the battered and neglected child. Includes summaries of various presentations.

Taipale, V. "Experiences of An Abused Child." *Acta Paedopsychiatry* (Basel), 39(3):53–58, 1972.

Presents a case history and followup study of a 7-year-old boy who suffered abuse before age 3. The author suggests the importance of making a sound and realistic plan for the child in order to secure a mentally and emotionally healthy development, as well as taking care of legal matters.

Tamilia, P. R. "Neglect Proceedings and the Conflict Between Law and Social Work," *Duquesne Law Review*, 9:579, Summer, 1971.

Analysis of data obtained by the American Bar Association indicates that problems between social workers and lawyers occur on two levels. One level represents those problems that result from fundamental differences in objectives and methodology; the second deals with conflicts arising out of the specific setting or organizational framework in which lawyers and social workers are expected to coordinate their services.

Terr, Lenore C. "A Family Study of Child Abuse," *American Journal of Psychiatry*, 127(5):665–671, 1970.

A six year study of ten battered children and their families showed that important factors leading to abuse were: (1) fantasies of the abuser about the child; (2) exaggerated dominant-submissive patterns in the marriage; and (3) contributions of the child to the battering. Offers several suggestions for using a family-oriented approach in treating battered children.

_____, and A. S. Watson. "Battered Child Rebrutalized: 10 Cases of Medical-Legal Confusion," *American Journal of Psychiatry*, 124:1432, 1968.

Report on a study of ten battered children and their families over a two-year period. Stresses importance of noting that injury need not be purposely or consciously inflicted upon the child for the child to be designated "battered," and presents some of the dilemmas faced by the individuals involved in a child abuse case such as the prosecutor and the parent's lawyer.

Thomas, Mason P., Jr. "Child Abuse and Neglect. I. Historical Overview, Legal Matrix, and Social Perspectives," *North Carolina Law Review*, 50:293–349, February, 1972.

Comprehensive discussion and analysis of abuse and neglect, including review of the history of child abuse from Biblical times to the present. Thorough discussion of legal aspects of dealing with abuse, and recommendations for judicial reform and improved legislation.

Togut, Myra, et al. "Psychological Exploration of the Nonorganic Failure to Thrive Syndrome," *Developmental Medicine and Child Neurology* (London), 11:601–607, October, 1969.

Presents an exploratory study of psychosocial factors in 18 "nonorganic failure to thrive" infants, focusing on familial relationships and other pertinent environmental factors indicated. Emphasizes the importance of a mandatory comprehensive medical work-up for all children suspected of having such a disorder. One common psychological factor in the mothers was a profound emotional and physical deprivation, apparently dating back to early childhood.

Touloukian, Robert J. "Abdominal Visceral Injuries in Battered Children," *Pediatrics*, 42(4):642–646, October, 1968.

The injuries noted in the title tend to be caused by a punch or blow delivered to the mid-abdomen. It is pointed out that the fractures usually associated with Battered Baby Syndrome may not be present in this form of abuse. The author presents a plea to suspect visceral injury in any abused child who has abdominal complaints.

"Training Unit on Child Abuse Prevention Opens," *Pediatric News*, 7(3):17, March, 1973.

Describes the National Training Center for the Prevention and Treatment of Child Abuse established by the University of Colorado School of Medicine. Diagnostic and treatment facilities are available and courses are offered to teach lawyers, social workers, judges and health professionals how to deal with the problem of child abuse. From prior studies the article mentions that 90% of the child abusers can be helped by group therapy while 10% have more severe psychological problems.

General Records of The Children and Youth Projects, United States Department of Health, Education, and Welfare, Health Services and Mental Health Administration, reports on "Promoting the Health of Mothers and Children by 1972."

Presented are reports from the Children and Youth Projects on child abuse projects in 13 states. Reports include number of cases reported and specify the type and kind of project established.

"Violent Parents," *Lancet*, 2:1017–1018, November 6, 1971.

This editorial states that only 5% of batterers are ill in the psychiatric sense; most are "inadequate" and emotionally unable to respond to the child's needs. Includes a discussion of the difficulty of getting the diagnosis and then dealing with it. Increased mother-baby contact during the infant's stay in a nursery may be a way to decrease subsequent chances of battering.

Wasserman, Sidney. "The Abused Parent of the Abused Child," *Children*, 14(5):175–179, September-October, 1967.

Wasserman focuses upon the psychology of the abusing parent through social worker intervention. Stresses an understanding approach in helping the non-psychotic abusing parent. The author contends that this is a middle class phenomenon as well although this article is not documented.

Wertham, F. "Battered Children and Baffled Adults," *Bulletin of the New York Academy of Medicine*, 48(7):887–898, August, 1972.

The author presents an extended discussion of the Battered Child Syndrome. Its chief feature is the close interrelation of psychological and social factors of the isolated individual case and its widespread context. He also discusses procedures instituted once an instance of child abuse is uncovered. The mentally defectives under 5 are pointed out as high risks as potential abused children.

Whitten, Charles F., et al. "Evidence that Growth Failure from Maternal Deprivation is Secondary to Undereating," *Journal of the American Medical Association*, 209:1675—1682, 1969.

The authors challenge the "failure to thrive" syndrome indicating the primary concept that there is emotional control over growth independent of caloric

consumption. Four experimental conditions were developed: (1) low level of mothering in hospital and adequate calories; (2) high level of mothering in hospital and adequate calories; (3) adequate level of calories fed in home by the mother after hospitalization, and (4) adequate calories fed in the home by the mother prior to parental awareness of the diagnosis.

The infants in the group which was hospitalized showed accelerated growth in 10 of 13 cases. All three of the infants in the fourth group showed accelerated gains. All were supplied with optimal meals and were fed, or observed while being fed, by hospital personnel.

Williams, Cyril E. "Some Psychiatric Observations on a Group of Maladjusted Deaf Children," *Journal of Child Psychology and Psychiatry and Allied Disciplines,* 11(1):1–18, May, 1970.

Discusses study of 51 maladjusted deaf children, many from disturbed home environments. Stresses need for communicating with deaf children to prevent maladjusted behavior and poor personality behavior. Indirectly this has implications for the neglect aspect of child abuse.

Wright, Logan. "Psychologic Aspects of the Battered Child Syndrome," *Southern Medical Bulletin,* 58(3):14–18, June, 1970.

Discusses the psychological aspects of child abuse, including the personalities of the children and parents, based on a 10 year followup study of abused children. The statistics indicated that after 10 years 48% were emotionally disturbed, 50% had below normal intelligence, 60% showed some failure in physical growth and all in all only 10% can be expected to develop normally after being a victim of child abuse. Over extended periods of observation the parents were a paradox in that while significantly disturbed and capable of abusing their children they were also adept at convincing others that they were not disturbed and not capable of abusive behavior. Group therapy, home visitation, birth control, and medical consultation are presented as remedial courses of action.

Zalba, Serapio R. "The Abused Child. II. A Typology for Classification and Treatment," *Social Work,* 12(1):70–79, January, 1967.

A typology is presented, using the family as a unit of classification, which identifies the type of problem, the objectives of treatment and the strategy for attaining these objectives. Zalba presents six categories of parents: (1) psychotic; (2) pervasively angry and abusive; (3) depressive, passive-aggressive; (4) cold, compulsive disciplinarian; (5) impulsive, marital conflict; and (6) identity/role conflict. The first three categories are termed uncontrollable with regard to abuse while the last three situations can be helped by social workers to maintain the family contact and to remove the danger to the child.

———, "Battered Children," *Transaction,* 8:58–61, July-August, 1971.

Presents an overall picture of the Battered Child Syndrome. Recommends community-based health and welfare services, and a better recognition and reporting system.

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