UNIVERSITY OF WISCONSIN-MILWAUKEE School of Social Welfare

THE THROWAWAY PARENTS:

An Indictment of Child Abuse Prevention in Milwaukee

circa 1975

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Prepared for presentation on a panel with Edith Blackhall, Section Supervisor Child Protection and Parent Services, Milwaukee County Department of Public Welfare and Philip Bond, M.D., Chairman, Child Abuse Committee, Milwaukee Children's Hospital.

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Junior League of Milwaukee

(Madame Chairperson) Members of the Junior League of Milwaukee, Edith Blackhall and Dr. Bond:

I am particularly pleased to meet with the Junior League for several reasons. First, I am a former member of the League and totally supportive of volunteer power both in the direct delivery of service and as an essential monitor of professional power in a democratic society. Secondly, the thirty volunteers currently staffing Outpost-Parents Helpline include several League members and we would be delighted to have more. (Next month we are offering another ten-hour, new volunteer training program on Tuesday evenings beginning April 8th.) Finally, I am proud that two members of the Junior League, Jane Lauerman and Sue LaBahn serve as officers of Outpost-Parents Helpline's recently incorporated Board of Directors.

I am also pleased that you chose to focus on prevention rather than treatment as today's topic, because the old adage, "an ounce of prevention is worth a pound of cure," applies to human services both in terms of reducing the cost in human suffering and the cost to society. The renowned Dr. Kempe, Director of the National Center for the Prevention and Treatment of Child Abuse and Neglect in Denver, estimates that it costs \$600,000 for every battered child who becomes a lifetime ward of the state, and as I shall indicate later, this is not a totally infrequent occurrence.

My pleasure in joining you and my professional colleagues, however, ends right here, and I confess that as an advocate of child-abuse prevention in Milwaukee, I am angry and frustrated! We are still providing ambulances at the bettom of the cliff instead of fixing the road at the top. Since this is a topic about which I would hope to generate wisdom as well as passion, I have prepared this position statement. As you may know, Lisa Richette vented her

anger about the inadequacies of the juvenile justice system under the title,

The Throwaway Children, (a paperback I recommend).² It, therefore, seemed

reasonable to title my remarks, The Throwaway Parents: An Indictment of Child

Abuse Prevention in Milwaukee, circa 1975.

My experience in helping to develop Outpost-Parents Helpline and, more precently, a small Parents Anonymous self-help group, confirms that some parents recognize and deplore their abusive behavior, but they are also threatened by, hostile to, or otherwise isolated from the established service system. Their feelings of guilt, shame and inadequacy, in relation to society's highly revered role of motherhood, prohibit them from seeking assistance from public or private agencies or therapists. Outpost-Parents Helpline handled over 3000 anonymous calls in 1974, of which 118 verbalized or clearly indicated fear of inflicting physical abuse. Who knows how many of the others with concerns about marital problems, child behavior problems, the generation gap, etc., suffered the anxiety of knowing their parenting problems included abuse.

As I speak of abuse, I refer not only to physical battering, but also to sexual, verbal, and emotional assault used as a means of venting parental anger or relieving parental stress. Interestingly enough, the Parents Anonymous (P.A.) definition of physical abuse goes beyond the generally accepted definition of "non-accidental injury". The P.A. definition includes not only the action, but the attitude of the abuser, and the degree of trauma correlates more with the degree of abusive attitude than action. Thus, hot-tempered, paddy whacks can be just as abusive as breaking bones. Is there a mother in this room who has not at some time abused a child? I regret to say that I am not innocent.

A Helpline serves an important function in offering parents on the verge of losing control an opportunity to ventilate and regain composure. It can

also offer some alternative parenting behaviors and help parents identify and reinforce positive behaviors and eliminate negative ones. Besides telephone counseling and referrals as appropriate, our Helpline also makes recommendations about parent education classes, reading materials, and Dial Harmony, taped consultations on common concerns about pre-schoolers, available by telephone. Several families known to Protective Services call us regularly when their frustrations begin to mount and they need support and guidance regarding their child-rearing practices. The Helpline also serves a preventive function in linking parents whose problems and frustrations may not yet be critical to appropriate community resources. Early intervention is an important component of any preventive effort and we believe that relieving any parental stress is a deterrent to child abuse.

Research has demonstrated that child abusers tend to be socially isolated, and more recently we have extended the Helpline services to include home visits by graduate students. The Helpline staff refers all cases where there appears to be a problem around discipline or the parents' loss of control if the parent is interested in a visit and willing to leave a first name and phone number or address, and provided the situation is not an emergency. These visits are not for the purpose of ongoing casework, but rather to help parents overcome hostility or resistance in utilizing community resources. In addition, one of the alternatives offered through the home visits is the possibility of joining Parents Anonymous. The student-parent relationship is utilized to support the hesitant parent's entry into the group, even to the extent of the students' providing transportation to meetings. I serve as the professional sponsor or facilitator of the group. While we have just initiated this, I am extremely optimistic about maintaining and expanding the present group of four mothers.

My optimism, however, is tempered by the realization that we need to develop alternatives for the services now provided by the students. Our role is to demonstrate rather than maintain service. Volunteers could be trained to do the extended Helpline home visits. Parents Anonymous needs a support group to provide transportation and perhaps child care. We need help with publicity to develop a number of Parents Anonymous groups throughout the community and to recruit and orient a professional sponsor for each group. Incidently, Parents Anonymous expects the professional sponsor to serve as a volunteer rather than an agency representative. H.E.W. has given Parents Anonymous a sizeable grant, much of which is being used to develop materials about starting P.A. groups. It was clear to me at a recent P.A. conference, that H.E.W. has high hopes for the impact of P.A. as a child-abuse deterrent.

In short, parents come to Parents Anonymous or call the Helpline in relation to abuse because they are afraid of the authoritarianism inherent in programs mandated by law to provide child protection, or because they are afraid of being reported to Protective Services if they go to other agencies for help, or because they fear social, if not legal, condemnation. Clearly, prevention requires this kind of outreach and we must find ways to continue and develop these and other unthreatening programs for early intervention.

While there is a clear need to protect children who may be in danger, I believe the emphasis on reporting, which has been the thrust of public education about child abuse in recent years, has also had negative consequences. It has fostered an attitude of "catch the parent" instead of "help the parent". Furthermore, I am frustrated because having reported or caught the parent who is, in fact, a high risk, I am not at all convinced that we have sufficient staff, quality wise or quantity wise, assigned to the task of rehabilitating these

families. Surely our goal should be rehabilitation rather than removal of the child and punishment of the parents. One has only to look at the criminal justice system in this country to recognize that punishment isn't effective and is exhorbitantly expensive. At the very least, we should be preparing future professionals by offering field experience in child protection at both Children's Hospital and D.P.W. Perhaps the main reason we don't is that it costs money for supervision and our institutions are all caught in the economic crunch. If this is a desirable objective, we need community support to achieve it.

Dr. Kempe's research in Denver suggests that we can increasingly identify high-risk parents at the time of a child's birth and by tracking and making services available to these families, we can prevent some abuse. It may be too soon to apply these early predictive studies to Milwaukee's maternity wards, but we do have a screening device which could be utilized for early identification of high risk parents, namely Wisconsin's Chapter 89 statute. This recently enacted state law requires local school districts to screen all children before kindergarten entry or at any age if new in the district, for special educational needs. We ought to be sensitizing the screeners to child abuse symptoms and developing working arrangements to intervene with families identified as high risk.

I am also frustrated because no organization or inter-agency council in our community is accountable or funded to coordinate the delivery of professional services, many of which are excellent, which we do now have for abusing parents, nor for filling service gaps and developing a total delivery system. Even the Greater Milwaukee survey, whatever its worth, recommended in its February 1973 . final report, that a Council on Protective Services for Children was a high

priority recommendation, in fact, its third highest priority recommendation. The survey suggested that United Community Services might take the lead in developing this. The guidelines for funding demonstrations under the 1974 Child Abuse Prevention and Treatment Act clearly emphasize the necessity for articulating all community resources. The Milwaukee Mental Health Association has recently developed a broad-based Task Force on Child Abuse including representatives from the Junior League. This is hopeful, but comprehensive planning and program coordination will require staff and funding besides professional attitudes which permit interdisciplinary cooperation. The barriers to interdisciplinary programming must be recognized and dealt with. These include:

- 1. Each professions lack of understanding of the other's professional objectives, standards, conceptual biases and ethics.
- 2. Lack of interest in effective cross-disciplinary communication and institutional relationships which limit effective interpersonal contact.
- 3. Confusion as to which personnel can take what management responsibilities at what times.
- 4. Too much work for everybody and a sense of despair in the face of overwhelming problems.

Here in Milwaukee, the Children's Hospital Child Abuse Committee effectively involves various disciplines and agencies in treating some cases, but the community need far outstrips the number of families thus served. Furthermore, what we need is a total integrated delivery system, including prevention, identification, treatment, follow-up, evaluation and monitoring. My own bias is that professionals most effectively communicate across disciplines when brought together by non-professionals. This is because the lay community gives problem-solving priority over each profession's role and the lay person can cross the disciplinary

boundaries which constrain professionals.

I am also frustrated and angry because, besides the Helpline and Parents Anonymous, Milwaukee is not developing some of the other newer, but proven, modalities for prevention and treatment as supplements or complements to psychotherapy and Protective Services. I refer to (1) lay volunteer parent aides (I will come back to this subject later); (2) crisis nursery and day care facilities, and my own invention, hardly proven, a home for runaway mothers; (3) foster grandparents; and (4) readily available homemaker services. The rationale for these services derives from recognition of child abuse as a social as well as psychological-medical-legal problem. In our contemporary society, parenting stress is escalated by societal fluctuations. Traditional role models for husband, wife, father and mother are shifting. There are many more working mothers and single parents. Parenting is a responsibility which most people assume without specific education or training. Sixty per cent of mothers of

first born have never held a baby and the plethora of child rearing manuals often create confusion. Contemporary society not only confuses us, but alienates us through emphasis on technology, centralization, and mass, rather than individual, communication. Furthermore, while it is true that child abuse crosses all socio-economic groups, it is also true that there isn't a problem in the world that isn't exacerbated by poverty or belonging to an minority group. At the Helpline we have had a significant increase in calls with a child abuse potential during the recent months of the recession. To prevent child abuse we must make social provisions which help parents cope. This means besides adequate income, provision for 1:1 Tender Loving Care in a complex world and provision for substitute child care. An afternoon off can be important therapy for an

harassed mother.

Another less proven but attractive treatment modality we might want to try is short-term, intensive, residential treatment for families as an alternative to placing children at risk in relatives homes or foster care. Authorities, including Anna Freud, in her book, Beyond the Best Interests of the Child, increasingly report that permanence of parents much more significantly affects a child's development than the quality, no matter how inferior, of the parental behaviors. However, if we are going to continue using foster care, let us require standards over and above present foster care licensing procedures. You have only to read the newspapers to know that foster parents are no strangers to child abuse. The horrors of children being "saved" from their own families by the state and benevolently intended bureaucracies all too often to proceed in a chain reaction from foster homes, to residential treatment centers, to state training schools, and ultimately to prisons or mental hospitals, are recounted with intelligent anger in a recently published book by Patrick T. Murphy, Our Kindly Parent...The State. 10

Some of these newer interventions can be effectively combined. San Francisco, for example, has demonstrated the effectiveness of an Extended Family Center which provides crisis nursery and day care, homemaker services, individual and group therapy, and parent hobby or recreation groups, all legitimated in the eyes of the abuser by the inclusion of former abusers as para-professional staff. 11 Van Nuys, California combines many of these service modalities, including tracking of suspected and identified cases, under an umbrella organization with a beautiful name, Friends of the Family. Milwaukee's Art Center and Museum have friends and perhaps we should ponder whether Milwaukee's families don't deserve as much.

In conclusion, may I particularly recommend the lay volunteer parent aide program referred to earlier. This program was initiated by the National Center in Denver under Dr. Kempe's direction. While an acknowledged success, the Denver group has not to date written up the training component for distribution. However, I have a complete training syllabus for a program in San Diego which replicates the Denver model. This program called Volunteers in Parenting, not coincidentally V.I.P., requires 16 hours of volunteer training, a psychiatric consultant whose instruments for screening volunteers and matching them to cases are included in the available material, and a volunteer coordinator whose role and qualifications are also detailed. The San Diego group also made a 30-minute color film titled "Women of Valor" whose purpose is to educate volunteers and professionals about child abuse and to show successful treatment utilizing a volunteer. It is also available from California for purchase or a \$25 rental In effect, the lay volunteer is a surrogate mother to the abusing mother, a friend who is available by telephone or for socializing or for transportation or even child care. Let me quote from the V.I.P. project description -

"It is important to remember that these (volunteer) women are professionals, and we conclude that the expertise they bring to the agency and client is not available from any other resource. The role of homemaker-housewife, mother, rearer of children, etc., is not easily learned and requires patience and fore-bearance. This particular set of roles that our volunteer women have is much taken for granted by the general public and also by professionals within the field. What these women learn does not come from textbooks, counseling sessions, nor is it available through a specific method of instruction." 12

Finally, the V.I.P. program is viable because it has been formally evaluated with before and after research instruments and the results are positive for both clients and staff. 13

Thank you again for inviting me to meet with you. In sharing my concerns,

I hope I have convinced you that in Milwaukee we are throwing away parents by stigmatizing them and offering them only fragmented and generally insufficient rehabilitation after the damage is done. To prevent abuse, we need early unthreatenin intervention, social supports for families, and treatment which permits families to stay together. The task is multidisciplinary and not for professionals alone. The programs which the School of Social Welfare has already initiated reflect the School's eagerness to help this community work on the problem.

The School wants to continue to stimulate and evolve a comprehensive community program for prevention and treatment, but we cannot do it alone. Let me close with a quote from Thomas Jefferson, "There is no substitute for the enlightened action of an aroused citizenry."

END NOTES

- 1. Kempe, C. Henry, Director National Center for the Prevention and Treatment of Child Abuse and Neglect, speaking at the First National Institute for the Training of Trainers on Protective Services, University of Denver Graduate School of Social Work, December 18, 1974.
- 2. Richette, Lisa Aversa, The Throwaway Children, #8877 Dell Publishing Co., 1969.
- 3. I Am A Parents Anonymous Parent, Parents Anonymous, Inc., booklet, 1974.
- 4. Ibid. "Predictive Studies Prenatal, Perinatal, Postnatal.
- 5. Greater Milwaukee Survey of Social Welfare and Health Services, Inc., Vol. VII Issues and Directions, Exhibit V-I, page 79.
- 6. H.E.W. Announcement of Demonstration Programs on Child Abuse and Neglect, September 17, 1974.
- 7. Newberger, Eli H., "Interdisciplinary Management of Child Abuse: Practical Ethical and Programmatic Issues," 3rd National Symposium on Child Abuse, American Humane Association, Charleston, South Carolins, October 23, 1973.
- 8. Martin, Harold, M.D., John F. Kennedy Center"Development of the Abused Child," First National Institute for the Training of Trainers on Protective Services, University of Denver Graduate School of Social Work, December 18, 1974.

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- 9. Goldstein, Joseph, Freud, Anna, Solnit, Albert, Beyond the Best Interests of the Child, Macmillan, 1974.
- 10. Murphy, Patrick T., Our Kindly Parent.... The State, Viking Press, 1974.
- 11. Ten Broeck, Elsa, "The Extended Family Center," Children Today, March/April, 1974, Vol. 3, No. 2.
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- 13. Pepper, Gerald W., An Evaluation of the Mothering Aids to Battering Parents Program, Social Services Research Center, San Diego State University.