

**RESEARCH INTO VIOLENT BEHAVIOR:
DOMESTIC VIOLENCE**

HEARINGS
BEFORE THE
SUBCOMMITTEE ON
DOMESTIC AND INTERNATIONAL SCIENTIFIC
PLANNING, ANALYSIS AND COOPERATION
OF THE
COMMITTEE ON
SCIENCE AND TECHNOLOGY
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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

TESTIMONY
OF

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CHILDREN'S BUREAU
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
OFFICE OF HUMAN DEVELOPMENT SERVICES

BEFORE THE
COMMITTEE ON SCIENCE AND TECHNOLOGY
(DISPAC SUBCOMMITTEE)

HOUSE OF REPRESENTATIVES

FEBRUARY 14, 1978

Mr. Chairman, members of the Committee. My name is Douglas Besharov. I am the Director of the National Center on Child Abuse and Neglect.

I am pleased to come here today to describe the goals and activities of the National Center on Child Abuse and Neglect.

I was previously Director of the New York State Assembly Select Committee on Child Abuse. Before that, in the New York City Corporation Counsel's Office, I was the Assistant In-Charge-Of Family Court Planning and Programming. As such, I supervised a staff of 37 attorneys assigned to child abuse and neglect, juvenile delinquency, supervision, support, Uniform Support to Dependents Law (USDL), paternity, and family offense cases.

INTRODUCTION

In 1973, under the leadership of then Senator Walter Mondale and Congressman John Brademas, the Congress held a series of hearings across the country which revealed that State and local efforts to combat child abuse and child neglect were widely deficient.

At that time, although all fifty States had child abuse reporting laws, the legal framework for child protection work was often incomplete and unnecessarily complex, thus making it difficult to successfully implement effective programs. Moreover, the institutional support necessary to sustain adequate treatment and preventive services was widely lacking. Child protective workers were generally not given the training, skills and ancillary services necessary to meet their important responsibilities.

In almost every community in the Nation, there were inadequacies, breakdowns, and lack of coordination in the child protective process. Reports were increasing faster than agencies could handle them, yet detection and reporting remained haphazard and incomplete; protective investigations were often backlogged or poorly performed; and suitable treatment programs were almost non-existent for the majority of families needing them,

Too often, the only treatment alternatives available to child protective agencies were infrequent and largely meaningless home visits; overused, and sometimes abusive, foster care; and unthinking reliance on court action. Lacking suitable long term treatment services, most American communities were faced with a grim choice in cases of serious abuse or neglect: either break up such families or leave the children at home where they might be seriously injured or even killed.

Studies indicated that as many as three-quarters of the children whose deaths were suspected of being caused by child abuse or neglect were previously known to the authorities.

The Congressional response was the nearly unanimous passage of the Federal Child Abuse Prevention and Treatment Act of 1974, often called the "Mondale Act," because of its chief sponsor.

The Act, P.L. 93-247, created the National Center on Child Abuse and Neglect to provide the first sustained focus for Federal efforts to improve the plight of abused and neglected children and their families.

The National Center (NCCAN) is an organizational part of the U.S. Children's Bureau within HEW's Administration for Children, Youth, and Families of the Office of Human Development Services.

The authorizations and appropriations that have supported the National Center since it was established are as follows:

Fiscal Year	Authorization	Appropriation
1974	\$15 million	\$4.5 million
1975	\$20 million	\$14.7 million
1976	\$25 million	\$18.9 million
1977	\$25 million	\$18.9 million
1978*	\$25 million	\$18.9 million
1979**	\$25 million	\$21.2 million

As mandated by P.L. 93-247, over 50% of each year's appropriation is allocated to demonstration projects. The law also requires that no less than 5% nor more than 20% of the appropriation be allocated to eligible States for strengthening their programs. Since FY 1975, the full 20% has been allocated to these special State grants. But last year was the first year that the full 20% was actually spent on State grants, because large numbers of States were not eligible until then. (42 States are now eligible or conditionally eligible.) Depending

*Legislation extending the life of the authorization is presently pending before Congress.

**Based on the President's FY 1979 Budget Request.

on the year, from 10-15% of appropriations has been spent on research. An additional 10-15% has been spent on training and technical assistance. The remaining 5% of appropriations has supported the gathering, analysis and dissemination of program and research information (through the NCCAN Clearinghouse on Programs and Research and through highly targeted publications). Pursuant to its enabling legislation, the National Center also develops recommended Standards for Child Abuse and Neglect Prevention and Treatment Programs and helps coordinate Federal activities through the Federal Advisory Board on Child Abuse and Neglect. (A copy of the Act and the regulations implementing it are attached as Appendix 1 of this statement.)

NGCAN ACTIVITIES

The following is a partial listing of NCCAN activities by category of activity.

Research Projects

The law requires the National Center to "conduct research" into the causes, prevention, identification, and treatment of child abuse and neglect. In fulfillment of this requirement, we have funded 16 research projects exploring:

- the factors contributing to child abuse and neglect, including family, social and economic stresses;
- the relationship between drug abuse and alcohol abuse and child maltreatment;
- promising preventive and treatment techniques; and
- the means to measure and evaluate the effectiveness of programs.

Underlying much of our research is an attempt to better understand the complex relationship between psycho-social factors and individual behavior. For example, poverty is frequently cited as a stress on parents that can lead to abuse. And yet, we know that most poor families do not abuse or neglect their children. Understanding issues such as this will help us to identify and support needed preventive and treatment services. (More detailed descriptions of the National Center's research projects are found in Appendix 2.)

The law also requires the National Center to make "a complete and full study and investigation of the national incidence of child abuse and neglect."

At the present time, we estimate that there are approximately 1 million abused and neglected children in our country. Of this total, about 100,000-200,000 are physically abused, from 60,000-100,000 are sexually abused, and the remainder are "neglected"--an omnibus term used to mean parental failure to provide such basic necessities of life as food, clothing, and shelter. We are now in the midst of a nationwide study of the actual incidence and severity of unreported as well as reported cases of child maltreatment in the United States.

By giving us a more precise idea of the extent of child abuse and neglect--by State, by demographic and geographic characteristics, and by type of abuse and neglect--this incidence study is expected to facilitate the better allocation of limited service resources and, perhaps more importantly, it should help mobilize greater public support for treatment and preventive efforts.

Demonstration Projects

As I mentioned, the present law requires that 50% of the appropriations be used to support demonstration projects.

We have established 16 Demonstration Treatment Centers, in various parts of the country, to develop and test comprehensive service techniques which, if they prove successful, can be replicated elsewhere. These projects are responsible for total case management within the context of the community-wide coordination of services. Most of the projects are using interdisciplinary teams of professionals to guide and coordinate their efforts. Depending on the project, they are performing child protective investigations, child and family assessments, and direct treatment (including group therapy, art therapy, and play therapy). Many are operating 24 hour hot-lines (sometimes called "help lines") for parent counseling. All of these projects are focused on the goal of keeping families together and preventing the unnecessary placement of children. Staffed by specially trained teams of professionals and paraprofessionals, these unique centers are attempting to demonstrate what can be accomplished when treatment staff have the time and resources to meet the needs of multi-problem, abuse and neglect families. Each year, these projects serve over 8,000 children in 5,000 families. (More detailed descriptions of these projects are found in Appendix 3.)

We have funded 9 additional Innovative Demonstration Projects to address the problems of three groups of families that are often not adequately served by existing systems--Native Americans, military, and rural families. Especially sensitive to the traditions and problems of the populations they serve, these projects are seeking to place child protective work within their client's cultural context. By ensuring that their clients receive the full range of needed services, these projects are identifying

gaps in existing service systems for these special populations and moving to fill them. Each year, these projects serve over 2,000 children in 1,000 families. (Descriptions of these projects are found in Appendix 4.)

We have also established 16 Demonstration Resource Projects to explore how best to help localities and private citizens to assess, coordinate, and improve services. In response to State and local needs, they provide a diversity of training and technical assistance, including consultative services on case management and agency administration and specialized training in interdisciplinary settings to accomplish "cross-fertilization" of ideas, concepts, and understanding. Each year, these projects respond to over 10,000 technical assistance requests and train over 15,000 individuals. (Descriptions of these projects are found in Appendix 5.)

We have funded 22 Demonstration Training Projects (to 16 States and 6 national professional organizations) to test the National Center's training curriculum on the identification and referral of child abuse and neglect cases. In one year, these projects trained over 23,000 individuals.

We have also made a grant to Parents Anonymous, a parental self-help group, to increase its coverage across our country. Progress has been substantial--four years ago there were 60 chapters of Parents Anonymous, now there are over 750 chapters, with at least one in every State, helping over 7,000 parents deal with their problems. Over 200 chapters were established last year alone. The Parents Anonymous self-help WATS hotline

received over 11,000 calls in the last year. In the coming year, we expect state organizations to be established in 25-30 states. Membership is expected to double in the next two years.

All of the above described demonstration projects are being evaluated by outside teams of experts to determine what seems to work and can be replicated in other communities.

TRAINING

On the basis of a nationwide assessment of needs in 1975, we identified training as an urgent priority. As an immediate measure, we trained 1,700 professionals and paraprofessionals in a series of 5-day conferences in all parts of the country.

But in the long run, training cannot be provided directly by a National Center like ours--it must be a local responsibility tailored to fit local needs and practices. Therefore, we have produced a multidisciplinary curriculum package that can be used by local trainers to present comprehensive, thought-provoking, and interesting training sessions.

All necessary materials are contained in the package, including an easily readable guide, seven films, and ten film strips. In its first year of use, over 30,000 people were trained with the assistance of this curriculum package.

In addition, our regional offices and Demonstration Resource Projects, which I just mentioned, annually train over 15,000 people. For example, for two years now, over 6,000 Head Start personnel have been trained annually in methods of recognizing and effectively handling situations of child abuse and neglect. (To augment this effort, we have published a "Self Instructional Manual on Child Abuse and Neglect for Head Start Personnel.")

TECHNICAL ASSISTANCE

We have found that the impact of our technical assistance activities is maximized if we: (1) develop model, or prototype, materials that can be of lasting benefit to a wide number of agencies, by being implemented or adopted for local use, and (2) ensure that technical assistance efforts are tailored to locally identified needs.

Therefore, in 1975, we performed a region-by-region national assessment in which state and local service providers, planners, and consumers identified areas for immediate action. Each HEW Regional Office developed a two-year plan to upgrade services. Many of these plans included: training of social workers, police, judges, mental health professionals and educators (25 States); community-wide multidisciplinary teams to improve child protective case planning and management (12 States); statewide interagency coordinating committees (6 States); and the organization of comprehensive emergency services for children and families (3 States). These plans were successfully implemented and we are now assessing future needs.

Some of the prototype or model materials we have prepared are:

- o A Model Child Protection Act which, after final revisions, will be available to those wishing to improve state child abuse laws;
- o A hospital protocol for the identification and reporting of child abuse and neglect which has been field tested and will soon be widely distributed;
- o Three models of information systems States can use to improve their record keeping and central register systems; and
- o Public awareness materials to increase knowledge and sympathetic understanding of child maltreatment.

I think that our public awareness materials bear special note. In consultation with 20 treatment agencies, we prepared a series of public awareness materials, including TV and media spot announcements, posters, newspaper and magazine advertisements-- all individualized for local use--and a manual on their use. We have learned that an informed and supportive citizenry is crucial to the breaking of bureaucratic log jams and the development of sufficient treatment services. In the past, public interest in child abuse has been heightened by media coverage of tragically sensational cases. In some respects this has been helpful because it has increased public pressure to improve programs. The materials we have developed, however, seek to go beyond sensationalism to help the public--and parents--better understand the human side of child abuse and neglect. They emphasize a

sympathetic awareness of the responsibilities and stresses of parenthood and encourage parents to seek help on their own. These materials will be used in over 30 States in the next 18 months. (An informational brochure on these materials is attached at Appendix 6 .)

FEDERAL STANDARDS

The present Act requires the Secretary, with the assistance of the Advisory Board, to develop Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs. These Standards are not the basis for eligibility for Federal funds but rather are suggested good practice guides. Reflecting the best state-of-the-art knowledge, they are designed to help States, communities, public and private agencies, professionals, and private citizens to assess local program capabilities and to determine gaps in needed services.

A draft of these Standards has been widely distributed to State and local agencies as well as to individuals from professional disciplines actively involved in the field. Comments have been overwhelmingly favorable and supportive of the concepts and content of the Standards.

When the Standards are completed, we plan to develop a series of 30 monographs and manuals for use in their implementation.

INFORMATION DISSEMINATION AND CLEARINGHOUSE OF PROGRAMS AND RESEARCH

The Act requires that the National Center "develop and maintain an information Clearinghouse on all programs...showing promise of success, for the prevention, identification, and treatment of child abuse and neglect."

The National Center's Information Clearinghouse has collected information on over 2330 operating treatment programs and on over 2340 publications and audiovisual materials. The increased interest in child abuse and neglect is reflected by the 30 percent growth in the overall number of publications on child abuse and neglect, in the past 18 months alone.

All of these materials have been abstracted and placed in a computer with on-line capability -- thus giving an inquirer the capacity for almost instantaneous review and retrieval of information. Remote terminals now allow access to this data base from anywhere in the country.

The National Center disseminates the information it collects through highly targeted publications and in response to the over 1,000 inquires a month we receive. Since the Act's inception, over 500,000 individual publications have been printed and distributed. A list of publications is attached at Appendix 7 J

STATE GRANTS

State agencies play a key role in the direct delivery of services to families. Thus, the present law authorizes grants to eligible States to strengthen their prevention and treatment programs. These grants are used by States to fund the developmental or start-up costs of new or improved program components. As a result of the eligibility requirements and the state grants themselves, we have witnessed a major strengthening of the child protection system in 42 States and territories.

The small size of the average State grant belies their impact on State child protective systems. State grants have been used to improve administration and record keeping systems (19 States); develop in service training and procedures manuals (10 States); install 24 hour comprehensive emergency services (11 States); operate 24 hour Help-lines for parents (6 States); perform specialized diagnostic studies (5 States); and conduct public awareness campaigns (5 States). (State-by-State descriptions of these State grants are found in Appendix 8.)

To qualify for this assistance, States must meet the Act's requirements for the fundamentals of an effective state-wide child protection system, including effective reporting procedures, comprehensive definitions of child abuse and neglect, prompt investigation and action on cases, confidentiality for families, immunity for those who report in good faith, improved court processes (including a guardian ad litem), cooperation among State and local agencies, and parental involvement. Most States have had to make significant changes in their legislative and administrative procedures in order to establish these essentials of an effective

system. The two requirements which have presented the greatest difficulty for States are the comprehensive definition of child abuse and neglect and the required provision of a guardian ad litem in every judicial proceeding. Both of these generally require amendment of State law to achieve compliance.

Major progress has been made by States in upgrading their programs, as evidenced by the dramatic growth in the number of States which have become eligible each year. Only three States were eligible during FY 1974, the first year of funding. In Fiscal Year 1975, the number increased to 16. In Fiscal Year 1976, 29 States received grants. In Fiscal Year 1977, 42 States and territories were eligible or conditionally eligible for grants. To increase the number of eligible States, we are working closely with the remaining ineligible States.

Coordination Activities

In response to the requirement of the Act, the Secretary created an Advisory Board on Child Abuse and Neglect. Reflecting the relevance of many areas of human services to child abuse and neglect, the Board includes representatives from the Departments of Justice, Labor, Interior, Agriculture, Housing and Urban Development, and Defense as well as from HEW agencies.

In addition to developing the Federal Standards, the Advisory Board is responsible for the effective coordination of Federal child abuse and neglect programs. The following have been accomplished:

- o 1975 Report to the President and Congress on the Implementation of P.L. 93-247, the Child Abuse Prevention and Treatment Act.
- o Issuance of Head Start Policy Guidance on Child Abuse and Neglect.*
- o Issuance of Regulations on programs supported under Titles IV-A and IB-B of the Social Security Act.*
- o Issuance of Regulations to establish a system of coordination and shared planning on Federal programs and activities related to child abuse and neglect.*
- o Development of joint NIMH/LEAA/NCCAN funding of sexual abuse projects.
- o Development of joint NIMH/YDB/NCCAN funding of adolescent abuse projects.
- o Development and publication of policy for school reporting of child abuse and neglect within the constraints of the Family Education and Privacy Act.
- o Development and upcoming publication of policy for drug treatment program service referrals to child protective agencies.

*Found in Appendix I.

The Board is now preparing a comprehensive report on the long-range plans and budget projections of Federal agencies; and on the results of past activities and contemplated future activities of Federal agencies. It also reviews on an interim and continuing basis planned activities of Federal agencies.

THE VIOLENT HOUSEHOLD: THE RELATIONSHIP BETWEEN CHILD ABUSE AND
SPOUSE ABUSE

As part of this Committee's overall inquiry into domestic violence, I have been asked to discuss the relationship between child abuse and spouse abuse.

Let me begin on a personal note. As an attorney assigned to the New York City Family Court, my first child abuse case was one in which the father, in attempting to stab his wife, had injured the baby she held in her arms.

It is now apparent from the research we are doing and our treatment projects that the injury of spouses (predominately women) and the injury of children are somewhat overlapping syndromes. Indeed, we can now document, at least partially, their relationship. Of the validated cases of officially reported child abuse and neglect from 25 States analyzed by the American Humane Association, the child

protective investigation revealed that the spouse was also assaulted in almost 20 percent of the cases, though not necessarily in the same incident.

I should caution that this data should in no way be interpreted to indicate the incidence of spouse abuse nor should it be taken to establish a causal relationship between spouse abuse and child abuse.

Nevertheless, the data does suggest some issues needing further research. While males are the child abuse perpetrator in only 40% of all officially reported child abuse and neglect cases, males are 70% of the child abuse perpetrators in cases where there is also an incident of spouse abuse. In these cases it appears that the violence of the male is directed at all members of the family. (Many of our treatment demonstration projects report that children are often the accidental victims of intended spouse abuse or that a number of wives--as they are being attacked by their husbands--pick up their child as a shield from the attack.) Our data also indicates that in the other 30% of officially reported cases, in the same household in which the male is assaulting the mother, the mother is assaulting the children. We are not yet able to say whether or not the mother's abusive behavior is part of a chain reaction, as some researchers have suggested.

Although it will be difficult to say a great deal more about these families until our data become more refined, it does appear that, while cases in which there is spouse abuse as well as child abuse (or neglect) were demographically similar to the rest of the reported cases, they were given almost four times as many services. Thus, although these data are tentative, they do strongly suggest that there is a subgroup of child abuse cases in which there is an environment of family violence that can be identified and that these cases require an unusually high degree of services.

In any event, in part--but I should emphasize that only in part--we seem to have overlapping syndromes of child maltreatment and spouse abuse. (A copy of the AH data is attached as Appendix 9 .)

The child abuse field seems to be recognizing this relationship. For example, in September of 1977, the New Jersey Division of Youth and Family Services sponsored a conference entitled "Violence in the Family." Although the Division is the State's child protective agency, it broadened the focus of the conference to include wife (and husband) battering and rape, in addition to child abuse. Two themes ran through the Conference's presentations: first, that the dynamics of the various forms of abuse within families were inter-related; and, second, that the agencies providing services to such families must broaden their approach to look for patterns of intra-familial violence against both children and adults.

Similarly, as an unforeseen component of their family oriented services to abused and neglected children, all of the 20 NCCAN/Demonstration Treatment Centers provide some services which either directly or indirectly assist abused spouses. For example:

- o Our San Diego project amended its intake policy eight months ago to accept referrals of spouse abuse in families with small children. We did so because staff had found that there was a significant incidence of children being hurt "accidentally" in situations when the spouse was the target of the assault. In addition, the project had discovered a clear pattern of childhood histories involving intra-familial violence in cases of spouse abuse, as well as battering. That is, they found that the perpetrator or the victim had experienced violence either as victims or as witnesses in his/her own childhood. I should mention that in taking family histories, the project found the same patterns in spouse cases that we find in classical battered child cases, that is: isolation, situational stress, childhood histories of abuse, and poor impulse control. It is the project's conclusion that, in many cases of family violence, the victim is the family member who happens to be available.

- o Our Honolulu project has established an emergency shelter which is used exclusively to provide safe lodging to abused spouses and their children. A high percentage of the people served by this refuge are from military families. The objectives of the project are: (1) to provide parents with children a temporary safe respite, until the conflict between the parents can be resolved; (2) to assist families through periods of crisis with coordinated social services, and (3) to help women in their efforts to develop independent living situations or, when they desire it, to help women return to their husbands. In 1977, the project provided room and board and information and referral assistance to over 200 families. Families usually stay for a few days to as long as two weeks. During this time, the shelter provides assistance in obtaining medical services, food, clothing, financial assistance (if needed), and permanent shelter (if desired). Eligibility to enter the shelter is not restricted by income or marital status; any parent/child until involved in actual or potential abuse is welcome.

- o Our project in Toppenish, Washington, operated by the Yakima Indian Nation, also provides emergency shelter to abused spouses and works with families to reduce the incidence of abuse. Located in a large turn-of-the-century house, the project provides nursery/day care/emergency shelter facilities 24 hour a day, seven days a week for tribal members who need help. Wives frequently bring their children in the middle of the night seeking temporary shelter while tempers were cooled and issues are resolved. Thus, the project has provided a haven from further family conflict, where the wife and children can be relieved of an atmosphere of fear and can be protected.

- o Parents Anonymous, one of our project which I described earlier, reports that, in almost every one its over 750 chapters, there are mothers who are victims of spouse abuse. (Similar to our other treatment projects, Parents Anonymous reports that in some instances child abuse is a matter of physical proximity, that is, that the child receives the abuse that was intended for the spouse.) A number of chapters are attempting to deal with the special issues of spouse abuse by holding separate weeking meetings for battered spouses, in addition to regular chapter meetings. Many mothers in these groups are concerned about the traumatic effects on children of witnessing assaults and other abusive behavior between parents. They recognize that many children experience guilt for the spouse abuse, feeling somehow responsible for it. They also recognize that spouse abuse creates a bad role model for children; they sense that some boys develop patterns of violence toward females and that some girls

develop an expectation of attack and exploitation by males, thus hurting their chances for healthy relations with members of the opposite sex in adult years. As a result of numerous requests, the national office of Parents Anonymous is now considering the development of specific self-help programs for the victims of spouse abuse.

- o Our Philadelphia Project provides psychiatric counseling to abused spouses and integrates its efforts with the Women-In-Transition Center, a local program designed especially for abused spouses.
- o Two Chicago projects coordinate community services such as legal aid to the abused spouse, couple counseling when appropriate, and emergency shelter (utilizing the Salvation Army) when needed.
- o Moreover, a number of the NCCAN projects, although they do not have an inhouse capability to provide emergency shelter, arrange for families to be accepted by such shelters and often provide transportation to them.

NCCAN demonstration efforts are showing that successful prevention, identification and treatment of child abuse and neglect require that services must be available to all members of the family unit in need of help and protection. Besides emergency shelters for abused spouses which, like the provision of emergency protection for children, must be a first priority, all the NCCAN demonstration projects report that one of their most successful interventions in cases of both spouse abuse and child maltreatment is in the area of improved socialization. Some examples of the services provided in these situations are:

individual and adult counseling, couple/family counseling, group counseling/therapy, marital counseling, parent aid/lay therapy, parents anonymous participation, education services, homemaker services, transportation support, short-term foster care, medical services, day care, babysitting, and a whole range of legal and "agency" services for employment, housing, and other concrete needs.

But the mere fact that spouse abuse and child abuse seem to be somewhat related problems should not lead to the assumption that they necessarily should be treated together or in the same way. For example, in child abuse cases the victim need not seek protection on his or her own. And properly so. We have devised a system in which third parties, primarily concerned professionals and friends, can take child protective action. In cases of spouse abuse, however, it is the victim, usually the abused women, who must seek out help for herself--against many odds. (An annotated bibliography on child abuse/spouse abuse is found in Appendix 10.)

In an article soon to appear, Dr. Frank Schneiger, director of the NCCAN Region II Resource Project, has raised the following germane questions:

If our intention is to shift in the direction of an approach based in family dynamics to deal with familial violence, there are some hard questions which should be addressed before moving hastily ahead. First, are the dynamics of child abuse, wife and husband beating, and rape interrelated in ways which lend themselves to a common form of intervention, whether extant or still on the horizon? The answer to this question will require a systematic examination of the research which has been done and, in all likelihood, the undertaking of a number of new studies. If the answer to the above question is "yes," then there will be a need to examine the implications of pursuing what will have become an important new policy direction.

Most immediately, any movement toward a systematic family violence approach will confront us with a needs-resource problem. At present, questions of adequacy or effectiveness aside, there is a significant child protective network in this country. Having only recently attained visibility, spouse abuse and, to an even greater extent, violence among siblings, are problems to which there has been no substantial institutional response to date. Can we assume that new funding on a relatively large scale will be forthcoming? If not, we should probably begin asking who will see themselves as winners and who as losers, since it will become necessary to redistribute a limited pie. That redistribution will obviously be at the perceived expense of child abuse and neglect agencies, since they currently receive the bulk of the funding.

* * *

To move from political-organizational considerations to programmatic ones, we should ask whether the conceptual joining of these problems is likely to affect the nature of the approach to families in which violence occurs. This question relates to the similarities or dissimilarities between the dynamics of child abuse and neglect, and violence which occurs between adults. At a time when a concerted effort is underway to move away from a punitive approach to parents who maltreat their children, one must ask whether a similar emphasis on understanding and a helping attitude is being advocated (or is appropriate) towards those who beat their spouses. Is there a view that violence against spouses is essentially a police problem; if so, is it likely to affect the handling of child abuse and neglect cases? In particular, will it result in both an attitudinal and institutional retrogression to a reliance on punishment?

We need also to look at the potential benefits of a broadened approach. For example, it is quite possible that such an approach would not only benefit the attempts to deal more effectively with adult abuse, but would also shed some light on the efficacy of the interventions which are currently used in child abuse and neglect cases.

* * *

Finally, the search for linkages is unlikely to end with a discussion of the intrafamilial dynamics of violence. It will almost certainly be extended to a systematic examination of the social causation of all forms of family violence. For example, what role do joblessness and underemployment play in the physical abuse of family members? This expanded view will almost certainly bring us closer to a real test of the national commitment to address basic social problems affecting families.

Ultimately, then, we must develop an approach to the prevention of domestic violence which lowers the level of violence and aggression against all family members before family life deteriorates to unre-mediabile breakdown beyond the reach of any number of social agencies. But in the meantime, we need to address the immediate needs of battered spouses. Unfortunately, in many communities, the unresponsiveness of community human service agencies toward the victims of spousal battering seems to be as great as it used to be toward the victim of child abuse. Hence, a first priority toward the goal of aiding battered spouses must be to develop public awareness and support for their protection by convincing the public that spouse abuse is a critical problem. A second priority must be the development of protective measures, especially shelters. But in the long run, any effort to deal with spouse abuse, like efforts to deal with child abuse, must entail a comprehensive approach to all of the pressing needs of its victims. These needs include the need for legal protection, permanent safe shelter, emotional and financial support, and concrete help ("advocacy") in seeking housing, employment, and, when necessary, a new life.

CONCLUSION

The National Center on Child Abuse and Neglect is a relatively small program and it should not be expected to "cure" this deep seated social problem.

We do not believe that any federal program can eradicate this complex, anti-social behavior--any more than one can eradicate drug abuse or juvenile delinquency. We do believe, however, that much more could be done to prevent and treat child maltreatment. And we believe that the National Center has an important role to play in helping to reduce the amount of child abuse and neglect in the Nation. But in terms of both staff size and financial resources, NCCAN has limited ability to reach this goal solely through its own efforts.

NCCAN's efforts, therefore, are supportive--we seek to help improve the efforts of others. We seek to act as a focus and a stimulus to improve and expand the efforts of others--at the national, state, and local level--to prevent, identify, and treat child abuse and neglect. We seek to provide direction and impetus in a field which, in the past, has been characterized by a fragmentation of resources, services, and philosophies among various professional disciplines.

- (1) We help build knowledge about child abuse and neglect--its nature, extent, and effects--in order to determine unmet needs, identify promising approaches and facilitate service allocations;

- (2) We help develop and refine promising and cost effective approaches to protection, treatment and prevention; and
- (3) We help service providers implement or expand effective identification, treatment, and preventive programs.

Central to our efforts is a commitment to non-punitive, interdisciplinary and community-wide approaches. Because we are convinced that child abuse and child neglect are social and psychological problems with roots deep in the way we live and in the way our society is organized, we emphasize services focused on the entire family in recognition of the interdependent needs of children and parents.

Building on the experience of our treatment center demonstrations, we emphasize the crosscutting, multiagency approach to the delivery of treatment services. Because many agencies, in addition to the child protective agency, deliver vital treatment services, we believe it is important to pursue activities which will improve significantly the informal as well as formal delivery systems which provide services to endangered and

families. Hence, we seek ways in which programs currently in place can be used to provide greater outreach, increased accessibility and improved service delivery. We try as much as possible to use our limited resources to build on existing or on-going activities or to leverage, through coordination with larger resources, such as Title XX, as authorized by the Social Security Act, and the many legislative and budgetary proposals made by this Administration to benefit the health, welfare and education of children. One way we do this is by funding demonstration projects with modest budgets that are more readily institutionalized into on-going service programs than are projects with large budgets.

We believe the Act has enabled us to make significant progress. In the last four years, we have not come up with any easy answers, no fool-proof formula; but we have, together with thousands of hard-working, hard-thinking and committed individuals, made an important start.

We have helped focus attention on gaps in existing knowledge and service delivery. We have helped to increase the body of knowledge about the dynamics and treatment of child abuse and neglect. We have helped service providers apply that knowledge. And we have helped elicit community support for the development of constructive, rather than punitive, treatment services.

After being ignored for so long, the plight of abused and neglected children has become the subject of widespread professional and public concern. The "battered child" has moved from the back pages of professional journals to the front pages of mass circulation newspapers. Daily, there are additional news articles, television and radio programs, and community meetings, not to mention professional conferences, on the subject. More and more people want to do "something" about child maltreatment.

As a result, there has been major progress in our ability to protect abused and neglected children and to assist their families.

In many places, health, social service, education and law enforcement agencies or individual professionals now seeing themselves as jointly, not separately, responsible for protecting children and, wherever possible, preserving and strengthening their families. New resources have been identified, useful family support systems have been tried, and some simplistic definitions and solutions have been discarded. Statistics, definitions, and procedures are being standardized and upgraded. More concretely, the quality of child abuse and neglect services provided by the States has been greatly improved. The rapid rise in the number of States which become eligible for State grants has guaranteed that at least 42 States now provide a guardian ad litem for all children involved in child protective court cases; 42 States assure the confidentiality of case records; 42 States promptly investigate cases of neglect as well as abuse; and 42 States provide for the

outside, impartial investigation of allegations of institutional abuse and neglect. The number of public and private programs working with abused and neglected children and with their parents has increased substantially. About 40% of the existing treatment programs in the country have opened their doors since 1973. (These are almost equally divided between public and private agencies.) NCJAN demonstration and state grant projects, themselves, annually provide direct services to over 40,000 children and 20,000 families.

I believe that we in the United States are laying the foundation for a broadly responsible and honestly realistic approach to the diverse needs of the children in danger and families in trouble.

But I would mislead you if I ended on this singularly positive note. The present flurry of activity in the United States--of which the activities supported by the National Center are only a part--should not make us smugly complacent. We still face enormous gaps between what needs to be done to protect children and what can be done.

For far too many endangered children, the existing child protection system is inadequate to the life-saving tasks assigned to it. Too many children and families are processed through the system with a paper promise to help. Martin P. went through the system. He was being "helped."

At two months of age, Martin R was brought to the hospital with a broken tibia, an injury that is unlikely if not impossible to happen accidentally in a child of that age. His father said he had fallen off a bed. No child abuse report was made.

Five months later, he suffered a fractured skull. This time the father claimed that he had accidentally dropped him. But this time the hospital reported the case to the child protective service.

A case of child abuse was brought in the juvenile court based upon these two injuries. The treating doctor testified that it was impossible for the child to have received the first injury in the way the father claimed. A judicial finding of child neglect was made. The child protective agency recommended placement for Martin on the grounds that his home was at least temporarily unsafe. The judge decided, however, that it was in the child's best interests to remain at home and he ordered home supervision by the court's probation service. He also issued an order of protection directing that the father was not to be left alone with the child.

When the protective caseworker made a home visit as ordered by the judge, he found the father alone with his son, contrary to the court's order. But because they were playing happily on the floor, he concluded from this brief display that all was well. He noticed but was not concerned by a substantial swelling on Martin's skull.

Two weeks later Martin was dead from repeated head beating inflicted by his father.

* * *

We cannot let the illusion of help mislead and mollify the public.

In implementing the Congressional mandate to help improve State and local services for abused and neglected children and their families, we have identified the following program priorities which are reflected in the National Center's proposed FY 1978 research and demonstration priorities published in the Federal Register on January 23, 1978.

(A copy of which is attached at Appendix II.)

- o We need to upgrade reporting practices, child protection agencies, and courts to ensure the immediate protection of all endangered children.
- o We need to develop cost effective treatment approaches capable of breaking the cycle of abuse and neglect.
- o We need to protect individual and family rights to privacy and cultural diversity during the process of involuntary protective intervention.
- o We need to commit ourselves to a prevention program that seeks to strengthen family-life in America.

- o We need to recognize and combat child abuse and neglect in residential care-giving institutions.
- o We need to work continuously to coordinate public and private programs related to child abuse and neglect to maximize their impact and minimize the duplication of efforts.
- o We need to build basic knowledge about child abuse and neglect and ensure that service providers can apply the best state-of-the-art knowledge to improve their programs.

We are witnessing the beginning--but only the beginning--of what must be a sustained national effort to understand the origins of child maltreatment and help alleviate them. The recognition, reporting, investigation, treatment, and prevention of child abuse and neglect must be accorded a priority in our human services system which it does now not receive

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This concludes my statement. I shall be glad to answer any questions you may have.

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