

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration for Children, Youth and Families
Children's Bureau
National Center on Child Abuse and Neglect



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Perspectives on Child Maltreatment in the Mid '80s

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Overview

The National Center on Child Abuse and Neglect

Over the past 10 years, since the Child Abuse Prevention and Treatment Act of 1974 was signed into law, the Federal Government has played a significant role in serving as a catalyst to mobilize society's social service, mental health, medical, educational, legal and law enforcement resources to address the challenges of child abuse and neglect. In that time, many professionals, volunteers and citizen advocates have become aware that child maltreatment is more than isolated instances of children suffering and families in chaos. It is a problem that afflicts the health of the nation as a whole, in terms of both economic and social costs.

The issues raised by child abuse and neglect cut across social, geographical, ethnic and economic boundaries. We estimate that as many as 1,400,000 children were reported victims of child abuse and neglect in 1982. Unfortunately, despite the large number of cases currently reported, we cannot assume that most abused and neglected children are now being identified and helped, because our data indicate that a large number of maltreated children recognized by educational, medical and mental health professionals are not known to the local child protective services.

The Child Abuse Prevention and Treatment Act (P.L. 93-247, as amended) established the National Center on Child Abuse and Neglect, which is placed in the Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services. The Act mandates four major functions:

- Generating knowledge and improving programs.
- Collecting, analyzing and disseminating information.
- Assisting states and communities in implementing child abuse programs.
- Coordinating federal efforts.

Program Development and Improvement

The major thrust of the National Center on Child Abuse and Neglect's (NCCAN) program development and improvement efforts can be seen in the variety of research and demonstration activities funded. Since 1975 approximately 375 projects nationwide have received funding to further our knowledge base about preventing, identifying and treating child abuse and neglect. These projects involve multidisciplinary, multi-service delivery systems and encompass virtually every aspect of child maltreatment.

In earlier years, major areas of concentration included: prevention of child abuse and neglect, clinical treatment, public child protective services, legal juvenile services, prevention and treatment of sexual abuse, ado-

lescent maltreatment (including sexual exploitation), protection of children in special institutions, minority issues, developmental disabilities, mental health services, child abuse in military families, parental and victim self-help.

A number of new project areas which had not received attention previously were funded in Fiscal Year 1983 to broaden and apply our knowledge base even further. These include projects to: strengthen support systems and provide education to parents at their worksites and thereby prevent stress and isolation; test models for the use of therapeutic family day care homes as remedial settings for abused and neglected children; assess informal, non-systematic screening at intake in child protective service agencies; examine alternatives to taking cases to court with an emphasis on reducing the stress on the child; develop model approaches to assessing child fatalities among children already known to the child protective service system; and research projects to assess the state of the theoretical knowledge base for the treatment and prevention of child sexual abuse.

In Fiscal Year 1984, NCCAN identified the following priority areas as meriting further study:

- Remedial preventive projects aimed at maltreated adolescents.
- Building capacity and resources in minority communities.
- Using school systems in preventing child maltreatment and, in particular, defining the role of schools for dealing with the perinatal period.
- Developing procedures for dealing with situations of medical, nutritional and social neglect of impaired infants.
- Developing innovative designs focused on problems associated with child neglect including case decision making, intervention techniques and case management procedures resulting in more effective handling of neglect cases by Child Protective Services.
- Assessing the "lack of supervision" category of child neglect.
- Examining emotional maltreatment from the perspectives of identification, investigation, adjudication and treatment.
- Improving the handling of child sexual abuse cases from initial investigation to litigation.
- Developing strategies that can serve as alternatives to litigation.

- Studying nonprofessional sources of reports of child maltreatment.
- Implementing a variety of previously demonstrated techniques and procedures which can improve services. Included here are areas such as perinatal prevention services in and around hospitals, peer support groups for adults and teenagers, multi-disciplinary case consultation teams, and parental self-referral systems. A major initiative in this category involves expansion and replication of parent aide projects nationwide.

Information Function

NCCAN's most significant efforts in this area relate to incidence and reporting data. Through the National Center, the Department of Health and Human Services has funded the American Humane Association to conduct an ongoing national study on child neglect and abuse reporting. This project collects and analyzes statistical information about suspected child abuse and neglect that the states receive from child protective service agencies.

One of the basic strengths of NCCAN's activities lies in its capacity to disseminate information through clearinghouse activities and annual program and research analyses. The clearinghouse data base contains several types of information related to child abuse and neglect, including biographic data and abstracts of published articles, descriptions of public and private programs, excerpts from current state and territorial child abuse and neglect laws, summaries of important court decisions in the field, audiovisual materials, excerpts of Indian Tribal Codes, and narrative descriptions of every state's child protective service system. The clearinghouse serves as a national resource for service providers, public and private agencies, researchers, the Congress and members of the general public.

Ten regional resource centers have been responsible for disseminating information on a variety of family related topics, including child maltreatment and fostering local support networks. The Military Family Resource Center, a joint venture with the Department of Defense and the Department of Health and Human Services, is a coordinative effort begun several years ago to provide information and technical assistance to enhance military support systems on behalf of vulnerable military families worldwide.

Equally important is NCCAN's commitment to identifying and defining pressing issues in the field. During the past year, this was accomplished through a series of symposia on specific issues as well as through the Sixth National Conference on Child Abuse and Neglect, held in September 1983.

Implementation

States' efforts to prevent child abuse represent another significant aspect of NCCAN's authorizing legislation. The state grants portion of the Act provides eligible states with funds to develop, strengthen and carry out prevention and treatment programs. Awards amounting to \$6.72 million will be made in FY 1984. The number of states eligible for this funding has jumped from four in 1975 to 49 in 1983. The states currently ineligible for a child abuse and neglect state grant either fail to include in their state statutes a definition of child abuse and neglect substantively consistent with the definition of child abuse and neglect in the Act or fail to meet the Act's requirement to provide a guardian ad litem for the child in every case involving an abused or neglected child which results in a judicial proceeding.

A major purpose of the state grant program is to support start-up activities which, if proven successful, will be continued by the state with other funds. Approximately 30 percent of projects conducted with state grant funds have been continued after the start-up phase using state appropriated funds. Most of the others involved one-time-only activities, such as development of protocols, procedural manuals and central register systems for compiling information or reports. Most exciting to us is the exchange of information among the states about successful projects and effective approaches. Through the leadership of the National Center, an informal yet very effective peer support system of state child protective services agencies has developed over these past years.

Another item of note is that, as mandated by the Act, the National Center on Child Abuse and Neglect, in cooperation with the Federal Advisory Board, has developed and published standards for child abuse and neglect prevention and treatment programs and projects. Entitled *Child Protection: Guidelines for Policy and Program* and *Child Protection: A Guide for State Legislation*, these publications provide useful guidance for the field.

Coordination

The major vehicle for accomplishing the fourth function of coordinating federal responsibilities is the Advisory Board on Child Abuse and Neglect. Established by the Child Abuse Prevention and Treatment Act, the interagency board advises, the Secretary of Health and Human Services on coordination of federal efforts to pre-

vent and treat child abuse and neglect. Specific tasks, such as development of a comprehensive plan for coordinating prevention and treatment programs and development of standards for programs and projects, were required by law and have been successfully accomplished by past boards.

The National Center on Child Abuse and Neglect serves as the executive secretariat for the board. The Commissioner for Children, Youth and Families has been delegated to act as its chairperson.

The Advisory Board is composed of more than 20 representatives from agencies within the Department of Health and Human Services and other federal departments. It also includes seven representatives from the general public appointed by the Secretary. The Advisory Board is an effective instrument for government agencies to commit their energies and resources to activities and programs aimed at strengthening families and reducing the stresses which lead to child abuse and neglect. As knowledgeable peers in the area of social problems, the board is able to create a framework for broadening and strengthening our knowledge base by enlisting the resources of other disciplines and promoting research and information exchange across departmental, agency and discipline lines.

Federal coordination requires a structured organizational forum if it is to be effectively realized. Private citizen involvement insures that federal issues are considered within the context of needs and professional developments in the state and local settings where child abuse and neglect are actually being dealt with. Clearly, one strength of the board lies with the public representatives who are required by a 1978 amendment to the Act. These individuals in particular ask difficult questions and challenge and prod not just the Department's staff but other federal agencies as well to different perspectives on problems relating to child abuse and neglect.

Over the past decade, through the efforts of the National Center on Child Abuse and Neglect and project initiatives supported by NCCAN across the country, we have, as a nation made substantial strides in serving vulnerable children at risk of child abuse and neglect and supporting and strengthening their parents. Through support of the areas described here, NCCAN looks toward a brighter future for these children and their families. It is hoped that improved service delivery for the prevention, protection and treatment of maltreated children will result, hopefully, in decreased numbers of abused and neglected children in this generation of Americans, and the eventual elimination of this problem in generations to come. Our vision at the Department of Health and Human Services and NCCAN is a nation of healthy, happy and wholesome children and families.

Providing Child Protective Services to Culturally Diverse Families

by Roland H. Sneed

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The issue of cultural responsiveness in the provision of child protective services, which has been a concern of the National Center on Child Abuse and Neglect (NCCAN) since its establishment, has accelerated in importance as more and more refugee groups come to our shores, bringing their particular cultural traits and values. Over the last few years, boat people from Southeast Asia, Cuba and Haiti have been added to our Hispanic, black, Native American, white ethnic and certain regional groups who, together, are considered as special populations whose child-rearing practices and family relationships may differ from those of the majority population.

Multicultural issues within the context of child protective services, were the focus of the 1978 National Conference on Child Abuse and Neglect. Various cultural groups organized task forces to assess the needs and concerns of their particular groups. A central concern was the inability of child protective service agencies to adequately serve minority and culturally diverse families.

Research studies conducted with both Federal and private funds emphasize the significance of this issue. For example, a 1978 Children's Bureau study found "differences in the ethnicity and the economic status of neglected and abused children, caseworker's perceptions of the needs in these cases as suggested by stated goals, recommended services, and services provided. The differences in the frequency of the two problems and in the characteristics of the child affected by neglect and abuse have implications for program planning and staff training."¹

The key words here are "differences in caseworker's perception." In addition, if the value judgments and background of a caseworker reflect a white middle-class bias, his or her perceptions of a particular child abuse and neglect situation will be based on that background. If the family is from a different cultural group, and if the worker is not sensitive to differences in their cultural backgrounds, the decisions made about the case and the way it is handled may not be valid.

A number of researchers have pointed out the multifaceted problems of cultural perceptions and responsiveness of child protective service agencies and their workers. For example, in a study of black families, Wade Nobles reports, "As long as therapists and clinicians evaluate the black family process with criteria consistent with non-black cultural reality, the therapeutic process will, at best, become impossible and, at worst become a (psychological) transformation rather than rehabilitation."² Teresa R. Boulette asserts, "... not only is the Spanish Speaking/Surname culture polluted, distorted and blamed, but the SS/S problems are improperly identified and effective interventions are not considered ... [which] often results from a lack of understanding [of] cultural complexities."³

Nobles further emphasizes this point: "By assuming that only one form of family structure is 'normal' and 'healthy' and then proceeding to analyze families belonging to different ethnic and racial groups within this society, we have been led away from clearly understanding the structure and function of the ethnic and racial family."⁴ Frank Schneider summarizes, "A final issue is related to the ability of large bureaucratic organizations to respond to cultural difference in a sensitive

manner which builds upon family strengths which can be found in different forms among different groups."⁵

A careful analysis of these points indicates that the social service system in general uses the results of comparative research to define the potential recipients of services. Nobles and Boulette seem to reason that the comparative research model does not consider the anthropological aspects of culturally diverse groups. Rather, comparing culturally diverse and minority groups to the average white middle-class family may provide distorted results. Schneiger seems to think that the social service system must be able to become sensitive to cultural differences in order to develop the capacity to build upon the strengths of minority and culturally diverse families.

Nevertheless, child protective service workers are mandated to investigate all reports of child abuse and neglect, regardless of the family's cultural or ethnic background and the worker's ability to deal with culturally diverse families. Families with cultural and ethnic backgrounds different from those of the majority population may view this intervention as an intrusion. Thus, an understanding of these different families and their value systems is necessary before positive intervention can occur.

At the first National Conference on Child Abuse and Neglect, the impact of implementing a child abuse and neglect law was reviewed in one workshop, "One Law/Many Child-Rearing Cultures." The workshop report stated:

"Laws, in general, are culturally unbiased and their working is often neutral. To interpret and apply laws with sensitivity, however, one needs factual knowledge and understanding, not only of the laws, but also of the persons and cultures to whom the laws apply. Unfortunately, many people, including many of those who interpret and apply the law, are shortsighted in their cultural view; they cannot see beyond their own culture's attitudes, values, and expectations."⁶

More important, the panel concluded that "one of the dangers of current child abuse legislation is that it can be used, even unwittingly, to coerce minority groups to conform to the majority culture's standards and to punish those who do not conform."⁷

It is clear that each child protective service agency must strengthen its capacity to provide effective services to the various cultural groups within its jurisdiction. A variety of resources have been developed to assist agencies in training workers and administrators to become more sensitive to and understanding of minority cultures.⁸

Comprehensive in-service training should include identification, by staff members and administrators, of cultural values and practices that will lead to the development of policies and guidelines sensitive to the cultural pluralism aspect of childrearing by various cultural and ethnic groups. Such training should be based on current findings of minority/ethnic researchers. It is essential that cultural values and mores of various ethnic groups be recognized and supported by agencies in their efforts to rehabilitate and strengthen families.

In addition to in-service training, CPS agencies should examine other options to improve staff members' sensitivity to cultural pluralism. For example, child protective service agencies can actively recruit and train minority workers as service providers and supervisors, and they can use training materials developed by minority scholars and practitioners to assist their in-service training efforts and case consultation for culturally diverse families.

Indeed, it has been NCCAN's experience that the input from minority and ethnic organizations has broadened our perspective on the cultural styles of families in our society. Although many consider the United States to be a "melting pot," it appears that cultural traits and mores are woven into the fabric of social/ethnic group members and that merely coexisting with another social environment over time does not undo that fabric. However, the inclusion of minority/ethnic members as workers, supervisors and administrators will assist child protective service agencies in more adequately responding to clients who are not of the majority culture.

Community development is another option that child protective service agencies can employ as a means of becoming more culturally responsive. In many communities, committees have been established by policymaking and service organizations to encourage community members' input into the development of pol-

icies and programs that affect their lives. Child protective service agencies should establish similar committees to advise them on how they can demonstrate greater sensitivity to certain community groups. Such committees can work to enhance the relationship between the agency and cultural populations.

Another option for local child protective service agencies is to encourage and support the development of minority and ethnic agencies and coordinate activities with them to better serve families. As Leon Chestang suggested, "In many instances agencies developed and controlled by blacks have served an interpretative and/or pilot function in relation to traditional agencies."⁹ Thus, child protective service agencies can benefit by supporting minority/ethnic agencies and according them the same degree of credibility and professional respect that they themselves enjoy.

Finally, child protective service agencies should establish contracts and/or working agreements with minority/ethnic agencies as a resource to aid in the treatment plan for their clients. These contracts and/or agreements could help to instill trust between the agencies, which would be of paramount importance in their future capability to address the needs of their culturally diverse constituents.

¹S. Shyne, *National Study of Social Services to Children and Their Families*, DHHS Pub. No. (OHDS) 78-30150.

²W. W. Nobles, *A Formulative and Empirical Study of Black Families, Final Report*, Washington, D.C., U.S. Department of Health, Education and Welfare, 1976.

³T. R. Boulette, "The Spanish Speaking/Surnamed Poor," *Child Welfare Strategy in the Coming Years*, DHHS Pub. No. (OHDS) 78-30158.

⁴Nobles, *op. cit.*

⁵F. G. Schneider in J. Red Horse, "Culture As A Variable In Human Services," *Child Abuse, Neglect and the Family Within a Cultural Context*, DHHS Pub. No. (OHDS) 78-30135.

⁶D. Hirsch and C. Blanchard, *Proceedings of the First National Conference on Child Abuse and Neglect*, DHHS Pub. No. (OHDS) 77-30074.

⁷*Ibid.*

⁸See, for example, T. T. Lasater and F. F. Montalvo, "Understanding Mexican American Culture: A Training Program," *CHILDREN TODAY*, May-June 1982 and A. Wilson, "Accomplishments of the Five National Child Abuse and Neglect Minority Resource Centers," Dec. 1981, unpublished. Limited copies available from NCCAN, P.O. Box 1182, Washington, D.C. 20013.

⁹L. W. Chestang, "The Delivery of Child Welfare Service to Minority Group Children and Their Families," *Child Welfare Strategy in the Coming Years*, *op. cit.*

Developmentally Disabled, Abused and Neglected Children: A High Risk/High Need Population

by Mark D. Souther

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Numerous studies have documented the cause-effect relationships between maltreatment and handicapping conditions in children. Shocking examples of the "Battered Child Syndrome" are published daily in the nation's newspapers, and there is no doubt that severe and extreme conditions of neglect may lead to permanent physical, mental and emotional damage. Thus, abused and neglected children are frequently at risk for developmental disabilities.

Child maltreatment is predominantly characterized as a problem in family dynamics. In addition to the "normal" sources of tension faced by families, the child who is different, difficult or has a special need places considerable additional demands upon a family's men-

tal, physical, emotional and financial status. Families with already limited resources simply may not be able to cope with the additional burden of a handicapped child. Thus, handicapped children are frequently at risk of abuse or neglect.

A study now being conducted through the University Affiliated Center for Developmental Disabilities at West Virginia University and the West Virginia Department of Human Services, under a grant from the National Center on Child Abuse and Neglect (NCCAN), has demonstrated a high rate of coincidence between child abuse/neglect and developmental disabilities. In a sample of 125 children receiving protective services in two West Virginia counties, 86 (or 69 percent) of the children were found to have one or more disabilities, including emotional disorders, specific learning disabilities, speech/language impairments and mental retardation. Results from a statewide survey of 263 child protective service workers, completed last December, indicate that in 35 percent of the client children, the conditions of abuse or neglect have resulted in handicapping conditions. The survey also revealed that in 37 percent of the children handicapping conditions have been a possible contributing factor to the occurrence of abuse or neglect.

Four-year-old Mark, for example, had been referred to the Department of Human Services by a neighbor who had noticed cuts and bruises on his face. Upon investigation, the CPS worker noticed healing marks, probably made by a switch, on Mark's legs and fading bruises on the side of his face and neck.

His mother, 29, who had recently been divorced, admitted that she used switches and slaps to the face as punishment. "Mark is too dumb to listen and he never pays attention," she said. She also reported that Mark didn't play with neighborhood children. During the initial visit, Mark wouldn't speak to the CPS worker or respond to his mother.

After deciding to open the case for services, the worker took Mark's medical and behavioral history and attempted to administer a developmental assessment. However, Mark would not respond, and his mother again stated that he was too dumb and that he had always been that way.

The worker arranged for Mark to be seen by a pediatrician at the County Health Department, who gave him a complete physical examination and developmental assessment. It was subsequently determined that Mark, in fact, had a significant hearing impairment and associated delay in language and social development. His mother was very surprised to learn that Mark had a handicap and her attitude toward him began to change when she realized how it affected him.

Mark was scheduled for corrective surgery, and the mother has continued to receive counseling on alternative means of administering discipline and on developing more appropriate means of communicating with her son.

* * *

In order to more adequately meet the needs of developmentally disabled, abused and neglected children, the West Virginia Department of Human Services is implementing systematic screening for developmental disabilities as part of the family assessment process for child protective services casework. The screening activities are expected to result in an increased awareness and recognition of developmental disabilities as factors contributing to family stress; early identification of specific developmental disabilities among the target population; more selective and expeditious use of local service providers; and descriptive statistics relative to the incidence of developmental disabilities among abused and neglected children. Training and implementation activities are also being supported by the NCCAN grant.

Other notable trends and issues that have been identified include the following:

- As child abuse and neglect has been described as a "family legacy," so too are certain types of developmental disabilities passed on to succeeding generations. Several children who are developmentally disabled and abused/neglected have thus fallen heir to a "double family legacy."
- In many instances, children had been identified as being both developmentally disabled and abused/neglected and were receiving appropriate services. However, the participating agencies were not coordinating their respective services, nor were they always aware that they shared the same clients. Because abuse/neglect and developmental disabilities impact upon the entire family, an integrated, multidisciplinary approach to working with the whole family is necessary.
- Just as it has been demonstrated that child protective service workers benefit from developmental disabilities training, so too would developmental disabilities service providers (regular and special educators and health and mental health personnel) benefit from increased knowledge of abuse/neglect recognition, referral and casework strategies. Ultimately, of course, the most important benefactors would be the children and families at risk.