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PREVENTING CHILD ABUSE

A Resource for Policymakers and Advocates

Massachusetts Committee
for Children and Youth

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120745

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Massachusetts Committee for Children and Youth, Inc.
November, 1987

To the children who died too soon
to realize the promise of abuse prevention...

They challenge all of us to forge a different future.

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Boston, Massachusetts 02108
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A chapter of the
National Committee
for Prevention
of Child Abuse

Library of Congress Catalog Card Number: 88-120576

PREFACE

Knowledge, and the power which derives from it, are the most fundamental tools of the policymaker and advocate. Without them, efforts to create social change are inherently diminished. Though this is true for any cause or policy one espouses, it has pressing relevance for the future of child abuse prevention.

The belief that child abuse should be prevented is universal. No matter how reasonable or incontrovertible the belief, however, it is insufficient to accomplish that goal. Our collective challenge as policymakers and advocates is to transform the notion that child abuse *should* be prevented into the knowledge that it *can* be done and into the commitment that it *will* be.

To meet that responsibility, our own knowledge about the issues must be current and comprehensive. Keeping up with information on child abuse prevention research, programs and policies is a consuming task for even the most organized advocate. *Preventing Child Abuse: A Resource for Policymakers and Advocates* was written to address the advocate's need for an accurate and broad base of prevention information.

- **Section I** reviews journal articles and other publications which describe the immediate and long-term effects of child abuse on its victims, the links between abuse and a wide variety of individual and social problems, and the fiscal costs which we all bear in the aftermath of child abuse. Taken together these facts make a compelling argument for the need -- the obligation -- to support prevention initiatives.

- **Section II** reviews the evidence that prevention is possible, and discusses salient research issues which should inform prevention efforts.

- **Section III** describes numerous prevention programs and policies which are operating or have been proposed across the country. These are organized under the categories of health care, community, workplace, social services and education to suggest the potential contributions of each of these sectors to preventing child abuse. Brief descriptions of actual programs are included to give the reader examples of how program models have been operationalized.

- **Section IV** uses the facts about maltreatment to challenge some commonly stated misconceptions which impede progress toward the important goal of preventing child abuse.

We hope *Preventing Child Abuse: A Resource* will be an indispensible tool for public policymakers, such as legislators, government officials, judges, education leaders and administrators of state and municipal health and human service agencies. We trust it will help inform funding decisions by trustees and staff of private foundations, corporate giving programs and non-profit voluntary funding agencies. We encourage private sector child advocates in community services, medicine, education, social services and law to use this resource freely in educating and building their constituencies for child abuse prevention.

We applaud the efforts and commitment of all those who have furthered our knowledge in this field through their research and program development initiatives, and of those individuals who, in turn, will use that knowledge to compel legions of new advocates to action for child abuse prevention.

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INTRODUCTION

Unlike the victims of the Holocaust or of the Vietnam War, there is no standing memorial to the 50,000 children who have died as a result of child abuse or neglect over the past 25 years. As with so many human problems which overwhelm our sensibilities, the dramatic facts about child abuse have become mind-numbing for all their painful reality -- 2 million children victimized each year with as many as 5,000 dying; thousands handicapped permanently with physical and emotional disabilities. Resisting the tendency to discard these grim statistics, like yesterday's news accounts of the latest flood or famine victims, may be the most lasting memorial we can offer these children. For to the extent that their memories stay real, so will the solutions to child abuse be made real.

The challenge to prevent child abuse is only half realized. Like successful campaigns to solve other public health problems, the response to child abuse has followed a predictable course. In the 1970s, early efforts were focused on identifying those who suffered from the problem and developing prescriptive measures to reduce its effects. Child protection laws were enacted in every state, public agencies were mandated to investigate suspected cases, professionals were instructed on how to report, 24-hour hot lines were established, self-help groups were initiated and treatment programs were developed. With an increased public awareness, reports of suspected abuse climbed steadily, taxing public protective service systems which had never been adequately funded and staffed.

While efforts to improve the reporting, investigation and treatment of child abuse continued, the notion began to take hold that abuse could be *prevented* -- among high-risk populations and the public at large. In the mid-1970s, a new national organization was launched with this single-minded vision. Under the energetic leadership of Donna Stone, the young National Committee for Prevention of Child Abuse (NCPCA) took its prevention message to the public through a series of national media campaigns. Seed money was made available to a few states to see if prevention efforts could be organized at the local level. In 1976, the Kansas Committee for Prevention of Child Abuse became the first NCPCA chapter. By the end of 1980, 10 other grassroots chapters had been organized. Four years later the number rose to 47 and today 67 statewide and regional chapters make up the fabric of a national network of volunteers and professionals committed to the prevention of child abuse *before the fact.*

Throughout the 1980s, prevention efforts have gained momentum. A wide range of prevention programs have been developed and implemented around the country. To date, 45 states have passed Children's Trust Fund legislation to provide funding mechanisms for community-based prevention programs. The federal government has encouraged states in this effort by providing matching funds. To coordinate efforts among sectors and to direct resources to successful program models, many states are developing multi-year state prevention plans. This recent development is particularly noteworthy. It reflects a more realistic acknowledgement on the part of policymakers and

advocates that the prevention of child abuse can not be achieved through any "quick fix" methods; it will only be realized through coordinated, persistent and long-term efforts -- the kind of tireless efforts which characterized the child abuse field during its first fifteen years.

What can we expect will be the results of such efforts fifteen years hence? Imagine . . .

> *. . . There is a nationwide ban on the use of corporal punishment against children in schools, foster homes and child care facilities, and many families are adopting non-violent methods of discipline in their own homes. Every new parent receives regular and periodic visits from a supportive home health visitor, and the costs for this universal parent support service are covered by insurance companies as an extended maternity benefit. Every community has a parent drop-in center and a full range of low- or no-cost parenting education opportunities which address the special challenges parents face as their children change and grow.*
>
> *. . . All school children receive ongoing education about how to protect themselves from abuse, how to resolve conflicts without violence and how to develop healthy interpersonal relationships. Schools help children learn these skills through a comprehensive and integrated K-12 curriculum, which is adapted to meet their changing developmental needs. Quality child care is widely available, accessible and affordable through community and corporate day care programs.*
>
> *. . . Through the combined efforts of lay citizens, the business community and professionals, a permanent and powerful constituency for children and parents has evolved. Key political leaders understand the fiscal logic and human compassion of prevention. There is widespread support for a full array of programs and policies aimed at strengthening families so that parents won't fail, children won't be hurt and our society won't suffer the devastating consequences of abuse.*

This is not a utopian vision, but one which is realistic, achievable, and grounded in our understanding of what parents and children must have to meet their individual needs and to build successful families. With the collective commitment of legislators, lay citizens, public officials and professionals, the vision which is within our reach will be secured for *all* our families and the right to a safe and nurturing home will be upheld for *all* our children.

EXECUTIVE SUMMARY

SECTION I: THE CASE FOR CHILD ABUSE PREVENTION

A review of the research on the human, social and fiscal costs of child maltreatment reveals a problem of epidemic proportions in the number of children who are victimized, and in the extent of their immediate and lifelong suffering.

The experience of abuse and neglect touches an enormous number of young lives. Close to *2 million children* are now reported to protective service agencies each year for suspected abuse, neglect or sexual abuse.

Even this astounding figure does not tell the whole story, however. Because many maltreated children are never reported to protective services, reported child abuse still *underestimates* the true incidence of the problem. One national survey found that over 62% of parents had used some form of physical punishment with their children in the previous year; nearly 11% had hit, kicked, punched, beaten, threatened or used guns or knives against their children. A number of surveys of adult women have found that one-third to one-fifth were victims of some form of childhood sexual abuse.

The child victims of abuse and neglect pay a tremendous human price in lifelong suffering and lost individual potential. Maltreatment hurts children physically and emotionally. For as many as *5,000 children each year*, it is fatal. For many others, it causes permanent physical, cognitive and developmental handicaps. Even among children with no lasting physical scars, maltreatment often leaves a legacy of emotional, psychological and behavioral problems which can be devastating.

Eventually, all of society pays a price when children are maltreated. Child abuse and neglect are emerging as the common denominator in our most intractable social problems.

Clinical records indicate a history of abuse or neglect in anywhere from one-quarter to nearly one-half of children handicapped by mental retardation and cerebral palsy, and adults and children in treatment for severe psychological disorders. Overwhelming numbers of juvenile delinquents, adolescent runaways, violent adolescent and adult criminals, sexual offenders, adolescent and adult prostitutes report childhood histories of physical battering, emotional abuse and sexual exploitation. Adolescent and adult dysfunctions may not be direct or inevitable consequences of child abuse. The evidence is strong, however, that childhood experiences of violence, rejection and exploitation are important contributing factors.

Perhaps most tragically, if the cycle of violence is not interrupted, child abuse and family violence may be perpetuated for generations. Parents who abuse their own children, and the victims and perpetrators of other forms of domestic violence, are frequently survivors of maltreatment in their own childhoods.

The human and social costs of abuse also translate into tangible fiscal costs for society. After abuse has occurred, we pay for investigation, treatment and foster placement of child victims. In the short term, we pay for therapeutic, rehabilitative and special education services for victims; in the long term, the costs of crisis and emergency shelter, juvenile detention, adult institutionalization and incarceration are added to the bill. A conservative estimate of the direct costs of responding after the fact, for children seriously hurt by abuse in a single year, exceeds one billion dollars.

A million or more children may be battered, neglected or sexually abused in the next year. Many will be seriously, and perhaps permanently, injured. We owe it to these children to take positive action *now* to prevent child abuse. And we owe it to ourselves to prevent childhood traumas which will contribute to persistent and costly social problems in the future.

SECTION II: THE PROSPECTS FOR PREVENTION

The growing body of research and clinical knowledge about the dynamics of child maltreatment and the prospects for prevention provides an important foundation for prevention efforts.

In many areas of child and family welfare, long-term research now supports the efficacy of early, preventive interventions. Preventive health care, nutrition assistance, special education and early childhood education have all demonstrated positive gains for children and substantial cost savings for the public.

While evaluation in the field of child abuse prevention is still in its infancy, it paints an optimistic picture. A number of strategies -- such as supportive education for parents, community-based self-help groups and crisis centers, self-protection training for children and multi-disciplinary family support programs -- have demonstrated success in reducing factors which can lead to abuse. Rigorous evaluation has shown that, even among families at great risk for maltreating their children, some early intervention strategies can prevent abuse and neglect from ever beginning.

Child maltreatment is not a simple problem. The physical abuse, neglect and sexual maltreatment of children are all very different problems, reflecting different social and family dysfunctions. Their causes and potential consequences for victims are multiple and interactive. While it is tempting to seek a single best strategy for prevention, it is clear that our prevention efforts must be as multifaceted as the problem we are addressing.

Prevention initiatives are needed to address the intermediary family and social factors which contribute to the maltreatment of children, and which are developmentally appropriate and culturally sensitive to different families and communities. Initiatives are needed which prevent *negative* family patterns and breakdowns, along with others which enhance *positive* patterns, supports and alternatives for families. Programs, services and policy changes must be pursued which match the different levels of need among families for support and assistance. This broad range of efforts to help strengthen families and prevent maltreatment provides an ideal opportunity to engage every sector of society in the challenge of prevention.

There is a great need for more clinical research and program evaluation in the child abuse prevention field. What we know now, however, about the dynamics of abuse and about prevention programs that work, provides a firm foundation for action.

SECTION III: APPROACHES TO CHILD ABUSE PREVENTION

A wide assortment of prevention programs and policies have been proposed and developed in recent years. While there are still gaps in program development, and a great need for more extensive program evaluation, the broad outlines of a comprehensive prevention strategy are emerging. Traditional and innovative approaches to strengthening families and preventing abuse are being pursued in health care, communities, workplaces, social service agencies and schools.

The Health Care Sector

The health care community is uniquely placed to interact with children and families during the critical, early years of a child's life. Preventive interventions during this time can have a far-reaching impact on healthy family functioning and child abuse prevention. A number of health-care initiatives have demonstrated success in reducing the risk and incidence of child maltreatment.

- **Comprehensive preventive health care** during prenatal and early childhood periods reduces childhood health problems and lasting disabilities which can increase the risk that children will be maltreated.

- **Family-centered birthing arrangements and perinatal coaching** programs enhance bonding between parents and their new infants, and can prevent breakdowns which may lead to abuse and neglect.

- **Home health visitor programs** increase positive parent/child interactions, improve children's developmental status, and have reduced the incidence of child maltreatment among particularly vulnerable families.

- **Special support and education** for parents with handicapped and special needs children may help reduce family stress and the potential for abuse and neglect among this very vulnerable population.

In addition, increased training, sensitivity and activism among health care professionals is critical to enhance their role in the prevention of family dysfunctions and child abuse.

The Community Sector

Families turn to many community-based support systems to manage routine and exceptional stress. Informal social networks, grassroots family service agencies, and neighborhood social, educational and recreational programs provide important support and respite for families. By reaching out to families, and helping connect them to resources for help when family problems become unmanageable, community groups are often a first line of defense against stress and social isolation which can increase the risk that children will be abused. Several specific community-based initiatives hold particular promise for strengthening family defenses against problems which can lead to abuse and neglect.

- **Self-help groups,** particularly Parents Anonymous for parents who consider themselves at risk for abusing their children, reach troubled parents who otherwise resist or avoid "helping" resources.

- **Natural support networks** within communities connect parents with friends, neighbors and other "natural helpers" who can help reduce social isolation and increase coping resources.

- **High quality and affordable childcare** provides an important supportive resource for parents, and a safe and nurturing experience for children.

- **Programs for families of "latchkey" children** increase the knowledge, resources and confidence of parents and children concerning safe childcare and self-care arrangements during parents' working hours.

In addition, public awareness, education and media campaigns are helping to increase awareness about maltreatment and prevention. Efforts to change cultural attitudes about sexual and interpersonal violence, including the corporal punishment of children, address the heart of cultural norms which permit child maltreatment.

The Workplace Sector

As more parents have entered the workforce, the impact of workplace policies on family life has increased enormously. A growing number of parents report that the demands of balancing work and family responsibilities are causing significant stress -- which affects both workplace productivity and family life.

The workplace is not a traditional site for combatting social problems such as child abuse. But workplace policies and practices have great potential to either *increase stress* for families, or help *strengthen their defenses against stress* and family dysfunctions. Progressive employers are developing a number of initiatives which can help enhance family functioning and serve as a buffer against family problems such as abuse.

- **Flexible work schedules and benefits** help employed parents meet their dual responsibilities to family and work with a minimum of conflict.

- **Education and support programs** offered at many worksites address child, parent and family concerns and help parents cope with the challenges of balancing work and family life.

- **Parental leave policies** can help reduce stress on new parents, and enhance positive attachments between parents and their infants.

- **Employer supported child care** increases the availability of quality care for children, and reduces an important source of stress for employed parents.

Other important family oriented workplace and employment policies address the need for healthy and humane working conditions, and adequate income for working families.

The Social Services Sector

Social service agencies and professionals play a key leadership role in child abuse prevention. Along with their long-standing commitment to responding to the aftermath of family dysfunctions and abuse, social service programs are now helping create the momentum and the models for prevention of family problems *before* breakdowns and abuse occur. A number of effective child abuse prevention programs have been initiated and evaluated by public and private social service agencies.

- **Parent education programs** increase parents' knowledge, skills and confidence in their parental role, and their resources for successfully managing family stress and childrearing demands.

- **Parent Aide services,** which provide supportive in-home assistance, increase parents' social supports, parenting knowledge and skills, and concrete resources for resolving family problems which increase stress and the risk of child maltreatment.

- **Crisis and respite programs** provide critical relief for families facing exceptional demands and stress, provide a safe environment for children, and reduce the level of parental stress.

- **Comprehensive, multidisciplinary prevention programs** address the needs of "multi-problem" families for a variety of supportive, therapeutic and educational services, and reduce the incidence of child abuse and neglect in families at particular risk for maltreatment.

In addition, treatment for children who have already been victims of abuse or neglect can help prevent lasting difficulties, and the perpetuation of abuse in future generations. Close coordination of efforts to address related social problems -- such as alcoholism and adolescent pregnancy -- can also contribute to effective child abuse prevention.

The Educational Sector

Schools are a universal point of contact with children, and a crucial resource for families in many communities. Along with their traditional educational responsibilities, schools are playing an increasingly active role in nurturing children's psycho-social development and promoting healthy life choices. In the area of child abuse prevention, schools have a particularly important role to play.

- **Comprehensive, integrated family life and prevention education** for children from kindergarten through high school can provide important interpersonal skills and safety knowledge.

- **Self-protection training** helps children master the skills and knowledge to recognize and say "no" to "uncomfortable" or abusive situations, and seek appropriate help.

- **Family life education** teaches children human development concepts, and interpersonal and non-violent conflict resolution skills which will help prepare them for adulthood and future parenting roles.

- **Policies to eliminate all corporal punishment** in schools can directly eliminate one significant source of physical abuse of children.

Additional initiatives based in the schools include special attention to the learning and family needs of handicapped or "special needs" children who are often at particular risk for abuse; expansion of school programs to provide an array of supportive resources for families; and changes in school policies to create a safer and more nurturing environment for children.

SECTION IV: CONCLUSION

The facts about child abuse and neglect are compelling. It is a problem of devastating proportions. The individual and social costs of dealing with abuse only after it occurs are enormous and indefensible. A nationwide commitment must be made now to prevent further abuse, neglect and sexual maltreatment of children.

Though the facts speak powerfully to the need for child abuse prevention, doubts are still raised. "We don't know enough yet . . . The problem is too complicated . . . Prevention may not be possible . . . There are other, more important problems to address . . ."

What we know about abuse and prevention can challenge these doubts and disarm the skeptics. Achieving greater understanding of this complex human problem is an important goal. But our knowledge will never be perfect, and we cannot permit imperfect knowledge to be a barrier to action. Confronted with the *actual* effects of abuse in the lives of *real* children, we must dismiss any approach which does not pursue knowledge through action. We owe it to ourselves, and we owe it to our children.

If we do not help children in trouble, they will grow up to make trouble.

Alfaro

SECTION I

The Case for Child Abuse Prevention: The Human, Social and Fiscal Costs

SECTION I: OVERVIEW

Child abuse and neglect are not new phenomena. Children have been physically battered, emotionally maltreated, neglected and sexually exploited for centuries. Until recently, however, family violence and child maltreatment have been hidden problems. Even twenty years ago, child abuse was a problem of unknown dimensions -- no one knew how many children were maltreated, how badly they were hurt, or what could be done to protect them from harm. In a seminal 1962 article, Dr. Henry Kempe and his colleagues at the University of Colorado first described the clinical manifestations of the "battered child syndrome." Their national survey revealed fewer than 1,000 cases treated during the previous year. We now know that abused and neglected children number in the *millions* each year.

We have made considerable progress in understanding and addressing the problems of child maltreatment. Mandatory child abuse reporting laws have led to a precipitous increase in the number of abused and neglected children who are identified and reported for protective services. Professionals in the fields of medicine, psychology, social work and education have focused growing attention on identification, protection and treatment of victims and their families.

Now, many experts in the fields of child welfare and child protection are turning their attention to the prevention of child abuse and neglect. The reasons behind this shift in focus are compelling: research in the field has revealed that the number of child victims approaches epidemic proportions, and the consequences of abuse and neglect are far-reaching and costly. The victims of maltreatment pay an immediate price in human suffering, and a lasting price in lost human potential. All of society shares the human and fiscal costs of their suffering.

The following chapters provide an overview of the substantial body of research which has led child welfare advocates to adopt abuse prevention as a key priority. As in any field of inquiry, our knowledge is still incomplete. But what is known, now, about the extent of consequences of the problem provides convincing evidence for an investment in prevention to protect children from the harm of abuse and neglect.

When Dr. C. Henry Kempe first described the "battered child syndrome" in 1961, he estimated there were 447 cases of serious physical abuse that year in the entire nation. Since then . . . 50,000 children have been killed by their parents or let die . . . 25 million reports of child abuse and neglect have been made to protective services agencies.

Dr. Ray Helfer,
addressing the American Academy of Pediatrics, 1986

CHAPTER 1

THE NUMBERS: HOW MANY CHILDREN ARE ABUSED AND NEGLECTED?

It is difficult to establish with certainty how many children are abused and neglected. For centuries, the maltreatment of children has been a hidden problem in families and communities. In recent years, increased public and professional attention to the problem and mandatory child abuse reporting laws have resulted in a tremendous increase in the number of children identified and referred to child protective services. Many experts believe, however, that the reported incidence of abuse still seriously underestimates the problem.

Incidence

Since 1974, the American Association for Protecting Children (AAPC)[1] has collected national data on reported child abuse and neglect. The number of children reported each year for abuse and neglect has grown at a significant rate. Reported child abuse and neglect increased 158% between 1976 and 1984; the number of children reported increased another 12% between 1984 and 1985. Based on official reports to state child protective services nationwide, the AAPC estimates that *1.9 million children were reported for physical abuse, neglect, sexual abuse or emotional maltreatment in 1985.* This suggests a rate of 30.6 children per 1,000 reported each year for maltreatment in the United States -- over 3% of all children. (AAPC, 1987)

How accurate are these estimates? Although reporting statistics are a useful indication, they cannot be considered an accurate measure of the true incidence of child maltreatment. Not all reported cases of abuse are substantiated. Even more importantly, only a fraction of actual child maltreatment is ever reported to official agencies. Most experts agree that reporting figures still *significantly underestimate* the true incidence of child abuse and neglect.

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[1]Formerly the Children's Division of the American Humane Association.

A 1984 survey of protective service agencies in 19 states suggested that approximately 42% of reported cases of maltreatment were substantiated by child protective services investigations. (AAPC, 1986) Some of the "unsubstantiated" cases were, in fact, false or erroneous. However, an unsubstantiated status does not necessarily mean that the child was not abused or neglected. Reports of abuse or neglect often go unsubstantiated for reasons relating to the systems of investigation or service delivery, e.g., insufficient documentation from reporters, limiting legal and reporting definitions, referral to other resources or misdiagnosis by the investigating protective services worker. Among the cases officially labeled "unsubstantiated" in 1984, a significant 16% were nonetheless opened for protective services.

A more serious source of inaccuracy is the continued under-reporting of child abuse and neglect. Researchers Straus and Gelles (1986) have conducted nationwide surveys with randomly selected two parent families to determine the incidence of one form of abuse -- physical violence -- within this particular population. In their 1985 survey, over 62% of parents admitted to having used physical violence against their children in the previous year -- from pushing, slapping and spanking to more serious acts of violence. *Nearly 11% reported acts of severe violence*, such as hitting, kicking, beating, threatening or using knives and guns.

The Straus and Gelles data suggests how poorly reporting figures measure the incidence of abuse. Their findings suggest that 1.5 million children aged 0 to 17 in two parent families were subjected to "very severe physical violence" in 1984. In contrast, the official reporting data indicates that between 149,000 and 219,000 children were injured by physical abuse in 1984. A comparison of the two figures suggests that, even in cases of severe physical abuse, *only one child in seven who is physically injured may be reported to protective services.* (AAPC, 1986) Underreporting of other, less visible forms of maltreatment, such as neglect or emotional abuse, may be even greater.

Prevalence

Estimating the prevalence of child maltreatment is particularly difficult. National reporting figures provide some picture of how many children are identified as abused each year, but they do not indicate the cumulative total of children who are maltreated at some time during their childhoods. And attempting to estimate the total prevalence rate from yearly incidence figures is confounded by a number of factors, including differences in the incidence of abuse among different age and socio-economic groups, and the likelihood that victims of long-term abuse are identified repeatedly through child abuse reporting. (Gray, 1986) While it is certain that the overall prevalence of abuse is much higher than the annual incidence, we still do not know the total dimensions of the problem.

Survey research with adults concerning one form of maltreatment -- childhood sexual abuse -- provide one indication of the size of the abuse problem. Herman (1981) reviewed the results of five surveys, conducted between 1940 and 1980, which collected information from over 5,000 primarily

middle-class women concerning childhood histories of sexual encounters with adults. She reports: "The results of these five surveys were remarkably consistent. One-fifth to one-third of all women reported that they had some sort of childhood sexual encounter with an adult male." Excluding incidents such as single encounters with exhibitionists, 14% to 15% of the women in two different surveys reported sexual encounters involving physical contact. Finkelhor (1984) discusses four surveys of non-clinical populations in which 3% to 9% of adult males reported childhood sexual abuse. These reports concern only one type of abuse. Obviously, other forms of maltreatment -- physical battering, neglect, emotional abuse or neglect -- would increase these numbers tremendously.

It is clear that the experiences of abuse, neglect and sexual exploitation have touched the lives of an enormous number of children. And each year the number of victimized children grows. Dr. Ray Helfer, a pediatrician and leading expert in the field of child maltreatment, suggests:

> *Every year 1-1/2 to 2 percent of our children are reported as suspected victims of child abuse. While social agencies are working to help this year's 2 percent, they are still trying to figure out what to do with last year's two percent and are pleading with legislators for more money to deal with next year's 2 percent. The problems of abuse and neglect accumulate at the rate of 1-1/2 to 2 percent of children each year. (in Williams, 1983)*

2 year old:	*Mother allegedly sodomized and threatened to circumcise child*
12 year old:	*Punched in eye, choked and thrown to floor by mother's boyfriend*
Newborn:	*Transfer in from General Hospital with drug-withdrawal symptoms*
2 year old:	*Burned on buttocks and backs of legs by hot iron*
6 month old:	*Sustained two well-circumscribed burns on underside of scrotum*

Excerpts from weekly intake sheet,
Denver child abuse treatment clinic
(Leishman, 1983)

CHAPTER 2

THE HUMAN COSTS: WHAT HAPPENS TO CHILDREN WHO ARE ABUSED?

The most urgent rationale for the prevention of child abuse and neglect is the potential for serious and lasting harm to its child victims. A growing number of clinicians and researchers have turned their attention to the short- and long-term injuries associated with child abuse and neglect. While research and knowledge in the field are still incomplete, they do provide a preliminary and disturbing picture of the aftermath of abuse.

The Clinical Picture

Clinical descriptions of abused and neglected children reveal the varied and extensive injuries which children sustain. They provide a vivid picture of the immediate harm of maltreatment.

In 1986, at least *1,200 child abuse fatalities* were reported. Surveys of suspected abuse deaths have found that almost 75% of victims were one year old or younger. (NCPCA, 1987) Statistics on the number of children who die from maltreatment are still unreliable. Local authorities are often hesitant to report maltreatment as the cause of death; the role of abuse and neglect may be ignored in deaths from "natural causes" such as pneumonia, malnutrition, drowning and sudden infant death syndrome. One study of official death certificates and clinical records suggested that as many as 5,000 children die each year from maltreatment. Data from the American Humane Association indicates that, for approximately half of the identified child abuse fatalities, battering is the immediate cause of death from either cumulative, repeated beatings, or a single, violent episode. For the remainder, death results from neglect of children's basic needs for food, medical care or adequate supervision. (NCPCA, 1987)

According to figures from the American Association for Protecting Children (AAPC), approximately 22% of children reported to protective services in 1985 showed indications of physical injury. (AAPC, 1987) The **physical abuse** of children is one of the most frequently described in clinical literature. From the early discussions of the "battered child syndrome" to the present, a long list of physical injuries has been catalogued: fractured bones, ribs and skulls; bruises from slapping, pinching, choking and grabbing; subdural hematomas and eye injuries from violent shaking; serious and sometimes fatal abdominal injuries following punches or kicks to the body. Children are scalded with hot tap water, other hot liquids and caustic substances; they are burned with irons, stoves, burners, heating grates and cigarettes. (Kempe et al., 1962; Schmitt, 1980; Feldman, 1980)

Child neglect is the single largest category of maltreatment reported to official agencies; in 1985, almost 56% of reported cases showed indications of neglect or deprivation of necessities. (AAPC, 1987) Neglected children suffer from malnutrition, poor hygiene and untreated health problems. Emotionally, they are often apathetic and withdrawn. Some are "failure to thrive" victims, their physical and developmental growth arrested, sometimes fatally.

Although only 12% of reported child abuse in 1985 indicated **sexual maltreatment, there has been growing concern in recent years about both the dimensions and the consequences of child sexual abuse and exploitation.** (AAPC, 1987) The physical and emotional impact of sexual molestation, assault, incest and rape can be devastating. Clinicians treating sexually abused children report immediate physical traumas among some victims, including genital injuries, urinary and vaginal infections, internal bleeding and venereal diseases. Emotionally, the children are often anxious, fearful, guilty and depressed; functionally, they frequently have difficulties relating to and trusting others, show somatic symptoms of anxiety and stress, and suffer from serious learning and behavioral problems. (Browne and Finkelhor, 1984)

Emotional maltreatment of children remains one of the least reported, and potentially devastating forms of abuse. In 1985, approximately 9% of the cases reported to protective services showed indications of emotional maltreatment. (AAPC, 1987) While many clinical descriptions of child abuse and neglect suggest the psychological harm of maltreatment, practitioners and researchers still struggle to clearly define the nature and consequences of emotional abuse. In a recent study of the psychological abuse of children, Garbarino and his colleagues (1987) suggest a pattern of psychologically destructive behavior which constitutes a concerted attack on a child's development of self and social competence; included are behaviors which reject, isolate, terrorize, ignore and corrupt the normal development of the child. The consequences for the child victim are devastating. Infants may show non-organic failure to thrive, anxiety, irritability and inadequate social responses. Older children show signs of feeling unloved, inferior, inadequate and negative in their view of the world and themselves; they may show symptoms of constant fear, anxiety and aggression. Internalized, these may provoke self-destructive, depressed, withdrawn or even suicidal behavior; externalized, they can lead to aggressive, impulsive, overactive and violent behaviors.

Lasting Developmental Impairments

Clinical descriptions of battered, abused and neglected children reveal extensive immediate harm to child victims. Though many of these injuries will heal, an increasing body of evidence suggests that for many abused and neglected children the scars of abuse never fade. Researchers have documented patterns of permanent neurological and physical impairments, along with severe retardation in the cognitive, language and physical development of abused children.

- A study of 20 children treated at the Children's Hospital of Pittsburgh between 1949 and 1962 for injuries characteristic of the "battered child syndrome" revealed that only 10% of the children were normal in their subsequent intellectual, physical and emotional development. Half of the children were mentally retarded, 40% were emotionally disturbed, 25% showed signs of central nervous system damage, and 35% had physical defects or handicaps clearly related to their abuse injuries. (Elmer and Gregg, 1967)

- A University of Rochester study of 21 children who were abused or grossly neglected found that only 29% of the children were within normal developmental limits 2 to 4.5 years later. Forty-two percent (42%) of the children were mentally retarded, and 29% were judged emotionally disturbed. (Morse et al., 1970)

- Researchers at the University of Colorado studied the development of 42 children suffering significant unexplained physical trauma. They found that 33% of the children were retarded and 43% of the children had neurological abnormalities. Even among children with normal intelligence, 43% showed significant language delays. (Martin, 1972)

As a group, these studies reveal a pattern of serious developmental, physical and emotional impairment among child victims. Harold Martin (1980) suggests: "Over one-half of mistreated children may be expected to have developmental problems in some line(s) of autonomous ego functioning, i.e. motor ability, learning, memory, understanding, perception, or speech and language."

Follow-up studies of maltreated children have a number of methodological limitations. Most have studied children hospitalized for serious injuries, and many have used samples which over-represent low-income families. Though they paint a vivid picture of the developmental problems of children who have been maltreated, they provide limited insight into the question of whether the abuse and neglect were the primary *cause* of the developmental failures.

Studies which have compared the development of abused children to non-abused but otherwise similar controls provide more insight into the causal connections between abuse and developmental impairments. When other variables are controlled, the abuse victims show significant deficits in many aspects of their development.

- New York researchers compared the intellectual functioning of 60 abused, 30 neglected and 30 non-abused children. They found that 25% of the abused children and 20% of the neglected children were mentally retarded, compared to only 3% of the non-abused children. (Sandgrund et al., 1974)

- Assessment of the neurological status of the same children revealed significant differences between the samples: more than half of the abused children and 38% of the neglected children were moderately to severely impaired, compared to only 14% of the non-abused children. (Green, 1981)

- English researchers compared the motor, cognitive, language and social development of 134 battered infants and children with a control group of 53 children hospitalized for emergencies other than accidents or trauma. Thirty-one (31%) percent of the battered children were untestable due to permanent damage; among the remainder, mean developmental quotients were approximately 12% lower among the battered children than among controls. (Smith and Hanson, 1974)

- Researchers in Tacoma, Washington compared the intellectual functioning of 21 physically abused children with controls carefully matched for age, sex, family constellation and socio-economic status. Across five different measures of the children's intellectual functioning and communication skills, the abused children were functioning at significantly lower levels. Fifty six percent (56%) of the abused children scored one or more standard deviations below the mean on receptive language skills, compared to 22% of the non-abused children; on the academic scale of the Developmental Profile, 77% of the abused children fell one or more standard deviations below the mean, compared to 33% of the non-abused children. (Perry et al., 1983)

A few researchers have used retrospective studies to examine the causal link between maltreatment and developmental disabilities. By examining the histories of institutionalized children, researchers have found evidence that many mentally and physically handicapped children were victims of maltreatment; for a significant percent, abuse and neglect were a primary cause of their handicap.

- A study of 140 mentally handicapped children at two Wiltshire (England) hospitals revealed that 22% of the children had been victims of serious physical assault, and 48% showed evidence of inadequate or neglectful parental care. In analyzing the cause of the children's disabilities, the researchers concluded that 11% of the children could have been rendered mentally handicapped as a result of abuse, and for 24%, neglect was a contributing factor in reducing their intellectual potential. (Buchanan and Oliver, 1977)

- Researchers in Alaska reviewed the case records of 436 individuals diagnosed as mentally retarded by a multidisciplinary team between 1957 and 1973. Among almost 15% of the cases, there was evidence of

moderate to severe abuse or neglect prior to the identification of the retardation. In 37% of these cases, there was strong suggestive evidence that abuse and/or neglect was the cause of the retardation -- following inflicted head and brain injuries, malnourishment, failure to thrive or extreme maternal deprivation. (Eppler and Brown, 1977)

° A study of 162 children with cerebral palsy conducted at the La Rabida Children's Hospital in Chicago found that 23% of the handicapped children had been victims of child abuse or neglect, and for 9% of the children abuse resulting in serious head injuries was the cause of the cerebral palsy. (Jaudes and Diamond, 1985)

Evidence that maltreatment and developmental impairments are linked is overwhelming. How they are linked is less certain. For example, many researchers suggest that physical battering and resulting brain and neurological injuries are directly responsible for developmental and cognitive retardation. (Brandwein, 1973; Martin et al., 1974; Smith and Hanson, 1974) Other studies have also documented developmental abnormalities among abused children with no known history of head injuries, suggesting that, even when less serious physical injuries are sustained, an abusive or rejecting environment may lead to neurological, cognitive and developmental problems. (Martin et al., 1974, Smith and Hanson, 1974) Still other researchers suggest that developmental impairments may precede maltreatment and, in fact, cause the child to be perceived as difficult and a more likely target for abuse. (Morse et al., 1970) At least one controlled study found equally high levels of developmental impairments among both abused and non-abused children from low-income families -- suggesting that other factors may interact to cause the developmental problems of maltreated children. (Elmer, 1977) But other studies which have controlled for socio-economic variables have found significantly poorer functioning among abused children. (Perry et al., 1983)

More extensive and well controlled research is needed concerning the developmental consequences of maltreatment. Existing studies have often been criticized for their selection bias toward low-income subjects, inadequate sample sizes, lack of carefully matched comparison groups, and vague and inconsistent definitions of maltreatment. (e.g., Newberger et al., 1983; Toro, 1982). Without more extensive research, we do not know with certainty how many children are permanently handicapped by maltreatment. We cannot be certain of the extent to which developmental handicaps are a cause and/or consequence of abuse.

Although we do not know as much as we would like about the sequelae of abuse and neglect, we do know that children are hurt by maltreatment and that their developmental prognosis is generally poor. Long after the physical scars of their abuse have healed, many still suffer from neurological damage, permanent physical handicaps, developmental delays, or language, behavior and adjustment problems. For many children, it may be double jeopardy: already fragile or vulnerable in their health or development, they are further damaged by rejection, battering or neglect by their caretakers.

The Psychological Aftermath of Abuse

Children who survive maltreatment with no obvious developmental or physical handicaps may still suffer lifelong emotional scars. While our knowledge of the emotional aftermath of maltreatment is still incomplete, it suggests that many abused and neglected children have serious deficits in their self-concept, social skills and ability to trust; some are aggressive and angry, others withdrawn into "frozen watchfulness." In some cases, the victims of abuse are crippled by emotional and behavioral impairments.

Studies which have examined the psychological characteristics of physically abused and neglected children support clinical observations that the emotional aftermath of maltreatment may be severe.

- A University of Colorado study of 50 physically abused children revealed a variety of emotional difficulties among the child victims. Two-thirds of the children showed an impaired ability to enjoy themselves, 62% had behavioral adjustment symptoms ranging from poor peer relationships to hyperactivity and socially inappropriate behavior, 52% showed obviously low self-esteem, 24% were found to be withdrawn and fearful, and an equal number to be aggressive and oppositional. (Martin and Beezley, 1977)

- Illinois researchers compared 20 physically abused, 16 neglected and 32 non-maltreated children on three measures of aggressive fantasy and behavior. The abused children displayed significantly more aggression in their fantasies, in free play and in behavior in a school environment. (Reidy, 1977)

- In a controlled study of the social interactions of 10 physically abused toddlers and 10 matched controls, the abused children were found to be more aggressive, inhibited in their approach to other children and caretakers, and avoidant in response to friendly overtures. The abused children physically assaulted other children over twice as often and displayed verbal and non-verbal aggression toward caretakers over four times as often as the non-abused controls. The maltreated children avoided other children almost four times as often, and caregivers about three times as often, as controls. (George and Main, 1979)

- A study comparing 60 abused, 30 neglected and 30 non-abused children noted global ego functioning defects among the maltreated children. "Such ego functions as reality testing, defensive operations and body image were significantly impaired compared with those of normal controls." In addition, 41% of the abused children, compared to 7% of the controls, exhibited self-destructive behaviors including suicide attempts, self-mutilation and suicidal ideation. (Green, 1968 and 1978)

- In a study of the impact of abuse on children's self-esteem, 37 school-aged children who had been abused were matched with 30 non-abused controls. The abused children were found to have fewer friends, lower ambitions and lower self-esteem than controls: 43% of the abused, compared to 11% of controls, indicated that they did not have many

friends; only 19% of the abused, compared with 54% of controls, played with friends daily; scores on standardized tests of self-esteem were significantly lower for the abused children. (Oates et al., 1985)

Researchers and clinicians working with the victims of sexual abuse have been particularly concerned with the psychological impact of the abuse. The sexual exploitation of children is an especially multi-faceted problem, and there has been considerable debate about both the short- and long-term psychological consequences for its victims. There are few universal reactions among sexual abuse victims, and the severity of the reaction appears to vary with a number of factors such as the age of the victim, their relationship to the perpetrator, the degree of violence, the duration and frequency of the abuse.

Although research and clinical observations do not point to universal patterns, they do indicate that psychological and emotional trauma are both frequent and severe among children who have been victimized by sexual abuse and exploitation.

- In the first study of children referred to court following sexual assault, only 24% of the children were judged emotionally stable after the assault; 52% of the children were considered mildly to moderately disturbed and 14% were judged seriously disturbed. Many children showed symptoms of fear and anxiety, behavior disturbances, and feelings of inferiority or lack of self-worth. (DeFrancis, 1969)

- Researchers in Chicago compiled clinical data on 100 sexually abused children seen at eight local health and social service agencies in Chicago. Clinicians' global ratings of the children indicated that 26% were severely affected by the abuse, 41% were moderately affected and 29% were mildly affected. Children showed a variety of symptoms, including depression, extreme self-consciousness, aggressive behavior, suicidal thoughts or attempts and regressive behavior. (Conte, 1985)

- Boston researchers evaluated the behavioral and emotional adjustment of 112 children referred for services following sexual abuse. In overall measures, 17% of preschool-aged children met criteria for clinically significant pathology; 40% of school-aged children were seriously disturbed in one or more areas of functioning. (Gomes-Schwartz et al., 1985)

- In a study of 28 sexually abused children evaluated at a university-based guidance clinic, 71% of the children showed moderate to extreme pathology. Disturbances among the children included self-destructive/-suicidal and withdrawn/hallucinating symptoms; aggression, sex-related complaints and running away; and problems with school, parents, siblings and peers. (Adams-Tucker, 1982)

Examining the connections between child maltreatment and long-term psychological impairments from the other direction, research has documented frequent abuse in the histories of children and adults with severe psychiatric problems.

- Researchers at the Henry Ittleson Center for Child Research studied the histories of 70 school-aged schizophrenic children, and found a history of sustained physical abuse among 33% of the schizophrenic children. In a controlled study of self-destructive behavior, self-mutilation was found to be significantly more frequent among the children with a history of abuse. (Green, 1968)

- Researchers at a children's psychiatric hospital studied the case records of 539 children consecutively admitted for treatment. Psychiatric diagnoses for the children included conduct disorder, borderline personality disorder, schizophrenia, major depression and dysthymic disorders. Review of the children's records revealed that 42% of the boys and 41% of the girls had a history of definite or probable abuse or neglect. (Rogeness et al., 1986)

- A study of the clinical phenomenology of multiple personality disorder used detailed questionnaires to collect information from 92 clinicians about 100 cases of the disorder. Analysis of the cases revealed that a history of significant childhood trauma was present in 97% of the cases; sexual abuse was reported in 83% of the cases, physical abuse in 75%, and both physical and sexual abuse among 68% of the patients. (Putnam et al., 1986)

A growing body of evidence is also pointing to childhood abuse as a contributing factor in less psychotic but equally destructive psychological and personality dysfunctions, such as borderline personality disorders. As Brandt Steele (1986) suggests:

> Recent studies of the patients who are in psychiatric hospitals or psychiatric clinics and community mental health centers indicate that nearly one-half give histories of varying degrees of neglect or abuse in their early lives. They are often classified as borderline personalities, or narcissistic personality disorders. But their symptoms of having difficulty in finding pleasure in life, of inability to maintain good, interpersonal relationships, a chronic sense of mild depression, poor self-esteem and somewhat confused identity, are all the things which we see developing in abused, neglected children.

Follow-up and retrospective studies suggest, but do not prove, a causal connection between abuse and psychological impairments. As in the research on developmental outcomes, existing research has been criticized for problems in research design and control. (Mrazek and Mrazek, 1981; and Lamphear, 1985) Many studies have relied on small samples and lack well-matched control groups; maltreatment and outcome measures are not consistently defined or standardized; the impact of associated variables on outcome has not been fully explored. More carefully controlled studies are needed to unravel the complex interactions of maltreatment and children's emotional and behavioral difficulties; longitudinal research is needed to examine the factors which predispose or protect children from lasting psychological harm following maltreatment.

Despite these limitations, a growing body of research points to recurrent patterns of psychological impairments among battered, neglected and sexually abused children. In a recent review of the literature on the psycho-social adjustment of battered children, Lamphear, (1985) suggests the degree to which these children are emotionally and psychologically damaged:

> *Findings indicate that, compared to non-abused children, physically abused children manifest a greater number and frequency of behavior problems have poor peer relationships, social skills deficits, are less socially involved, have less empathy and manifest poor school adjustment and academic performance. Physically neglected children also appear to display more behavior problems, be more aggressive and have greater school and academic difficulties.*

In their review of the empirical research on sexual abuse victims, Browne and Finkelhor (1984) conclude that the evidence of psychological consequences is clear:

> *The empirical literature on child sexual abuse, then, does confirm the presence -- in some portion of the victim population -- of almost all the initial effects reported in the clinical literature; including fear, anxiety, depression and self-destructive behavior, anger, aggression, guilt and shame, impaired ability to trust, revictimization, sexually inappropriate behavior, school problems, truancy, running away and delinquency.*

As limited as the [battered] children appeared on re-evaluation, later reports show that some are having increasing trouble as they approach adolescence. [Of the twenty children] at least five will probably become public charges because of mental retardation or serious emotional disturbances, and several others may be able to remain in the community only if kept in a sheltered environment. Only a few of the children give promise of becoming self-sufficient adults.

Elizabeth Elmer,
in a 1967 follow-up study of 20 battered children

CHAPTER 3

THE SOCIAL COSTS: WHAT DOES SOCIETY PAY WHEN A CHILD IS ABUSED?

What happens to abused and neglected children when they reach adolescence and adulthood? Recent research suggests that many become society's most disabled, dysfunctional and dependent individuals. Increasingly, child maltreatment appears to be a common denominator in our most serious social problems - from delinquency and runaway behaviors of adolescents to violent and sexual crimes of adults. And, for many families, child maltreatment and family violence become patterns which are repeated in each new generation.

Abuse and Juvenile Delinquency

Considerable research has examined the association between abuse and juvenile delinquency. Researchers have used interviews, case file analyses and/or reviews of court and protective services records to determine the prevalence of maltreatment in the lives of incarcerated adolescents. The results consistently reveal a history of recurring, and often severe, maltreatment in the childhoods of delinquent teens.

- Researchers interviewed 200 juvenile offenders at a detention center in Colorado to determine the incidence of maltreatment in their histories. From 72% to 84% reported significant injuries inflicted by their parents before age 6, including lacerations, bruises, strap marks and burns. Within the year and one-half prior to their detention, 92% had suffered bruises, lacerations or fractures. (Steele, 1975)

- Researchers who studied the histories of 111 adolescent residents of a northern Idaho treatment center for disturbed delinquent youth found that 86% of the delinquents had experienced some form of previous abuse or neglect. (Bavolek, 1979)

° The New York State Assembly Select Committee on Child Abuse studied the records of 1,963 children reported to Family Court in five counties as delinquent or ungovernable in 1971-72. Overall, 21% of the boys and 29% of the girls had previously been reported to protective services for abuse or neglect. In one study site with the most complete records (Monroe County), 31% of the boys and 53% of the girls referred to court had previously been reported as abused or neglected. (Alfaro, 1981)

° A study of 60 adolescent girls committed to the Arkansas Diagnostic Receiving Center and Girls School for delinquent or status offenses revealed that 86% reported physical punishment during their childhoods, with hands, belts or objects; 80% reported physical injuries from this punishment, including bruises, scars and/or bleeding; 53% reported a history of sexual abuse. (Mouzakitis, 1981)

Retrospective studies cannot establish maltreatment as the cause of later delinquency. They do suggest, however, that the two phenomena are closely associated. Additional evidence for this association can be found in the few studies which have traced maltreated children into later life. These studies document frequent later contacts with juvenile courts among populations of abused and neglected children.

° The New York State Assembly traced 5,136 children reported for suspected abuse or neglect during 1952-53 to determine later contacts with juvenile or family court. As many as 50% of the families reported for abuse or neglect later had at least one child who was taken to court as delinquent or ungovernable. In the one study site at which comparison data was available (Monroe County), the rate of referral for juvenile delinquency and ungovernability was 5 times greater among children reported for abuse than among the general population of adolescents from similar socio-economic backgrounds. (Alfaro, 1981)

° The records of 34 children identified as abused at the Children's Hospital of the District of Columbia revealed that, 4 years after the reported abuse, 20% of the children had already come to the attention of juvenile court because of delinquency. (Silver et al., 1969)

Recent research has also focused on the possible links between abuse and more specific types of delinquency. A number of studies suggest that many, perhaps the majority, of adolescent runaways are running from an abusive home.

° When an Ohio runaway shelter studied methods of family conflict resolution among 199 adolescent runaways, 78% of the runaways reported significant physical violence directed toward them by a parent in the year prior to running away. (Farber, 1984)

° The Boston-based Bridge Over Troubled Waters interviewed 200 street youths concerning abuse during their childhoods. Thirty percent (30%) of the youths refused to answer the question; of those who did reply, 92% reported that they had been abandoned, physically assaulted, sexually abused or neglected. (Saltonstall, 1984)

° In a study of adolescents at 11 Emergency Shelters in Massachusetts, researchers interviewed 83 youths concerning their experience of maltreatment at home. Thirty-six percent of the total group -- and 71% of the girls -- reported neglect, physical or sexual abuse by their caretakers. (Massachusetts Committee for Children and Youth, 1985)

° Researchers in Arizona compared the juvenile court records of 774 delinquents who had previously been reported to Child Protective Services, their siblings who had not been reported, and a control group of 900 delinquents with no record of abuse. They found that the abused children had been identified for running away or truancy 2-3 times more often than either their siblings or the non-abused control youths. (Gutierres and Reich, 1981)

At least one recent study suggests that within the population of juvenile runaways, those with a history of abuse are particularly troubled.

° Canadian researchers collected data from 149 runaways entering a Toronto emergency shelter. Among 55 female respondents to the survey, an overwhelming 73% reported a history of sexual abuse. And on many measures, the abused girls were significantly more troubled than their non-abused counterparts: they were significantly more likely to report confused feelings about sex (43% vs. 7%); to have experienced arrest (43% vs. 0%) and been incarcerated in jail or juvenile hall (44% vs. 0%), and to have participated in acts of physical violence (55% vs. 13%). (McCormack et al., 1986)

Another group of studies has examined the possibility that "violence begets violence" among juvenile delinquents. As suggested earlier, there is evidence that even young abuse victims evidence more aggressive behavior than their non-abused peers. Studies of adolescent offenders suggest that violent maltreatment during childhood is correlated with more violent acts of delinquency.

° A study of 97 male adolescents incarcerated at a Connecticut correctional school revealed that over 75% of the more violent youths had been abused, compared to 33% of the less violent youths. Although the family constellations of the two groups were similar, a strong correlation existed between the degree of violence in the adolescent and his history of abuse. (Lewis et al., 1979)

° Researchers who examined the histories of 58 male juvenile court referrals found that 97% of the boys reported having been disciplined with belts, boards, cords or fists. A more detailed analysis revealed that more severe parental punishment was significantly related to greater aggressiveness in the youths' offenses. (Welsh, 1976)

For many adolescents in trouble -- in our runaway, emergency and detention systems -- the problems of abuse and delinquency are clearly intertwined: the *victims* of violence, neglect or sexual molestation have become the *perpetrators* of status, violent and anti-social crimes. Their

troubling behaviors in adolescence may perpetuate abuse in their homes. As James Garbarino suggests, for these troubled and troubling adolescents, "the possibilities for seemingly endless chains of causality appear to exist unless intervention occurs to alter the abuse-delinquency-abuse or delinquency-abuse-delinquency cycle." (in Gray, 1986)

Abuse and Adult Criminals

Research into the connection between childhood abuse and adult criminality is scarce. While there is clear evidence that juvenile offenders have frequent histories of maltreatment, large scale studies with adult offenders are lacking. The few studies which do exist, however, have used case studies, standardized testing and survey techniques to document a connection between childhood and adult experiences of violence.

- In an early study at the Minnesota State Prison, researchers compiled detailed case histories of 6 middle-class men convicted of first degree murder. The researchers concluded that 2 of the 6 convicts were psychotic at the time of the murder; among the remaining 4, violent childhood abuse was the common denominator. The researchers remark: "The most striking common feature in four of the six cases was the continuous, remorseless brutality which the prisoners in question had suffered at the hands of one parent." (Duncan et al., 1958)

- In a study of 95 women prisoners at the Massachusetts Correctional Institution, subjects were classified as either violent or non-violent. When specific medical and psychological variables were tested for their correlation with the measures of violence, a history of severe parental punishment was found to be significantly associated with greater violence across five separate measures. (Clement et al., 1973)

- Researchers studied 62 men assigned to a special California Department of Corrections facility for habitually violent prisoners. Among a subgroup of self-destructive subjects, indications of violent childhoods -- including frequent histories of broken bones and concussions before age 10 -- suggested that the subjects were either "impulsive, stimulus-seeking children . . . or were themselves subject to violence or deprivation during childhood, resulting in concussions, injuries, probable neurological damage, and behavior disorders." (Bach-Y-Rita and Veno, 1974)

How many of today's violent criminals are repeating a pattern of violence initiated in their childhoods? How many of today's victims of violent abuse will be tomorrow's criminals? We do not know with certainty. But even preliminary evidence suggests that we cannot ignore what one observer has referred to as "one possible consequence [of abuse] which is overt, obvious and of great public concern . . . namely, the probable tendency of children so treated to become tomorrow's murderers and perpetrators of other crimes of violence." (Curtis, 1963)

Abuse and Sexual Offenders

A particularly disturbing association has been documented between childhood maltreatment, especially sexual abuse, and sexual deviancy among adolescents and adults. Research suggests that many teenagers and adults who molest children were themselves victims of childhood molestation, and that juvenile and adult prostitutes were first sexually exploited as children. Not all sexual abuse victims go on to become sexual offenders or prostitutes. Evidence is strong, however, that sexual deviancy in adulthood is linked to sexual abuse and exploitation during childhood.

Retrospective studies of sexual offenders, particularly child molesters, reveal frequent histories of abuse.

° Researchers at the Sexual Behavior Clinic of the New York State Psychiatric Institute interviewed 22 males charged with or convicted of sexual crimes against family members. Thirteen percent (13%) of the youths reported a history of physical abuse, and 23% of the juvenile sexual offenders reported sexual abuse during their childhoods. (Becker, n.d.)

° In a study of 60 juvenile sexual offenders at the University of Washington Adolescent Program, 16% of the offenders charged with rape or indecent liberties had records of physical or sexual abuse and 45% of child molesters had been physically or sexually abused during childhood. (Wenet et al., 1981)

° Researchers at the Massachusetts Treatment Center for Sexually Dangerous Persons examined clinical records of 161 rapists and child molesters in residence at the center. Overall, 56% of the offenders had been victims of neglect, 58% had been victims of physical abuse, and 35% had been sexually assaulted as children. Among the child molesters, 57% had been sexually abused. (Seghorn, n.d.)

Clinicians working with sexual abuse victims have frequently cited promiscuity and/or prostitution as a long-term effect of the abuse. Recent studies of juvenile and adult prostitutes have confirmed that a history of early sexual abuse and exploitation is common.

° Researchers in Washington state interviewed 20 juvenile prostitutes contacted on the street or in jail. Interviews revealed frequent histories of early and coerced sexual experiences: 65% of the adolescents had at least one "forced or bad" sexual experience, 85% of which had occurred before age 16. (James and Meyerding, 1977)

° Among 136 adult prostitutes interviewed in the same study, a similar pattern of early sexual victimization emerged. Prior to their first intercourse, 46% had experienced attempted or actual sexual molestation; 30% reported physical or emotional coercion at the time of their first sexual intercourse; 57% had been raped at least once in their lives. (James and Meyerding, 1977)

° Researchers at the University of Washington studied 185 adolescent prostitutes, and found a significant incidence of sexual victimization in their histories. Among the 138 girls in the study, 37% had been molested prior to their first intercourse, and 51% had been raped. Among the 47 boys, 55% reported physical abuse in their homes, and 63% had been sexually exploited. (Boyer, 1982)

° A study of 200 current and former prostitutes in the San Francisco Bay Area, including both juvenile and adult subjects, found "extremely high levels of child sexual abuse in the background of the street prostitutes". Sixty percent (60%) of the subjects had been sexually abused before age 16, by an average of 2 people each; in 82% of the cases, some sort of emotional or physical force was used on the victims. Seventy percent (70%) of the women reported that the sexual exploitation was linked to their eventual entrance into prostitution. (Silbert and Pines, 1981)

The Intergenerational Patterns of Abuse

One of the most devastating aspects of child abuse is its intergenerational patterns. Children who are battered, neglected, emotionally maltreated and sexually exploited frequently carry the dysfunctional and violent patterns of their childhoods into their adult relationships with spouses and children.

Clinicians have often noted the recurring pattern of violence in families they see for child abuse concerns. Research has confirmed that parents who maltreat their children are frequently repeating a pattern of violence or neglect from their own childhoods.

° In a clinical study of 60 families referred for psychiatric treatment following significant physical abuse of their infants or small children, the researchers report that all the abusive parents suffered some form of abuse or parental deprivation during their own childhoods. "Without exception in our study group of abusing parents, there is a history of having been raised in the same style which they have recreated in the pattern of rearing their own children." (Steele, 1974)

° Researchers in North Carolina followed 255 infants discharged from a newborn intensive care unit in order to isolate family factors which could predict later maltreatment. Among families reported for confirmed child abuse and neglect within one year, 90% of parents had a history of maltreatment in their own childhoods, compared to 17% of the non-reported parents. (Hunter et al., 1978)

° A study which followed 267 high risk mothers, from the last three months of their pregnancies to the time when their children were in kindergarten, found that 70% of the mothers who had been seriously abused as children were abusive to their own children. (Egeland, Jacobvitz and Papatola, in Gelles, 1987)

The effects of early maltreatment may manifest themselves in other patterns of violence. Researchers have recently begun exploring the links

between childhood abuse and later spouse abuse. They report frequent early abuse among both the *perpetrators* and *victims* of spousal violence.

° Researchers in Michigan compiled detailed case histories on 33 women who were victims of spouse abuse. Among the assaulters, 40% had been abused as children, 50% had parents involved in assaultive situations, and 33% also abused their own children. (Flynn, 1977)

° In a study of the correlation between childhood experiences of physical punishment and the use of family violence in adulthood, researchers examined the self-reported experience of family violence among 96 families (including 14 clients of community guidance clinics and 82 members of a randomly selected control group.) Over 36% of those who had experienced a high degree of physical punishment during their own childhoods reported that physical violence -- against spouses or children -- was a problem in their own family, compared to only 14% of those whose childhood experience of physical punishment was low. (Carroll, 1977)

° San Francisco researchers report significantly more frequent adult revictimization among adult women who were sexually abused as children than among women who were not childhood victims. Between 38% and 48% of the abuse victims had physically violent husbands, compared to 17% of non-victims; 40% to 62% of the abused women were later sexually assaulted by their husbands, compared to 21% of the non-abused women. (Russell, 1984)

° A study of the life histories of 40 adult women who had been childhood incest victims, and 20 non-victimized controls, found significant levels of revictimization. Over 27% of the previously abused women reported repeated beating by husbands or lovers, compared to none of the controls. (Herman, 1981)

Family violence, sexual victimization and repetition of abusive and neglectful childrearing patterns are not inevitable results of childhood maltreatment. While most adult perpetrators and victims of violence appear to be survivors of child maltreatment, it is equally true that most childhood victims probably do not become adult victimizers. Based on a recent review of the research concerning parental violence, for example, Kaufman and Zigler suggest that some 30% of abused children grow up to be abusive parents. (Gelles, 1987) Although far less than a complete correspondence, the 30% figure is still far greater than the estimated incidence of parental violence in the general population. Early experiences of violence, neglect and abuse--during the most critical and vulnerable years of life -- do appear to perpetuate a cycle of violence which, for some families, persists across many generations. As Steele (1986) has described:

> Parents and others who maltreat the infants and children under their care are not haphazardly discharging destructive impulses in the form of abuse and neglect. They are following understandable and predictable patterns of parent-child interactions which have been basically determined by the way they themselves were cared

> for in infancy. Beginning with poor attachment in the perinatal period, followed in ensuing months and years by unempathic care, unrealistic demands, excessive criticism and punishment for failure, they developed poor self-esteem, poor basic trust, and fragmented identities . . . During the earliest, most impressionable period of life, while under the exclusive care of its own family before contact is made with the wider culture, the patterns are transmitted from caretaker to child, and the potentials for physical abuse, neglect, and sexual exploitation are recreated for yet another generation.

Exploring the Links

Research into the links between early maltreatment and later social problems is still incomplete. Though retrospective studies document the frequent histories of abuse, neglect and exploitation among troubled and violent adults, they also caution against overly simplistic theories of causation.

Current research reveals the disproportionately high incidence of childhood victimization in the histories of many dysfunctional and violent adults; this does not establish, however, that adult dysfunctions are an inevitable outcome of childhood maltreatment. And research and clinical reports suggest that the mechanisms linking childhood maltreatment and later social and psychological dysfunctions are complex..

In examining the issues of abuse and delinquency, research suggests a number of possible causal mechanisms -- including a direct association between harsh discipline and more violent acts of delinquency; the role of environmental factors (such as poverty) and individual factors (such as central nervous system trauma) in causing both abuse and delinquency; and the development of acting out behaviors in response to abuse which either lead to delinquency or are defined as delinquent. (Gray, 1986)

In their study of sexual abuse as an antecedent to prostitution Silbert and Pines (1981) suggest that both the psychological impact of the abuse on self-esteem and sexual attitudes, and the physical impact of victimization on juveniles' decisions to run away from home, may have important causal connections to the entrance into prostitution. Finkelhor (1984), in his discussion of a multi-factor typology of sexual abuse perpetrators, suggests that a history of victimization is likely to be an important causal factor only in combination with other factors -- such as blockage of alternative sources of gratification and low levels of inhibition. Similarly, research in the area of the inter-generational transmission of family violence suggests that individual and social factors, such as parents' level of emotional support during childhood and adulthood, play important mediating roles in the development of abusive parenting behaviors. (Gelles, 1987)

The existing research is also limited by methodological problems. Most studies have been retrospective, and cannot establish with certainty a causal connection between abuse and later dysfunctions. Definitions of maltreatment

have varied widely between studies, along with techniques used for measuring incidence. (For example, self-reported data on childhood abuse is likely to produce very different measures of incidence than official protective service reports.) Few studies have employed comparison groups, making statistical tests for significance impossible. More and more carefully controlled studies are obviously needed to untangle the complex mechanisms which link childhood experiences of abuse and adult dysfunctions.

Nevertheless, a substantial body of empirical evidence already points to an indisputable connection between child abuse and other social problems. *As we struggle with the difficult problems of adolescents and adults in institutional and crisis settings -- in juvenile courts, prisons, runaway and domestic violence shelters -- we are often struggling with the legacy of childhood maltreatment. And each year, as more children are victimized, we perpetuate these problems for the future.*

If the 23,648 children who are severely injured by abuse each year experience even a 5% to 10% loss in potential earning due to their resulting impairments, some $658 million to $1.3 billion in productivity might be lost during their lifetimes.

Deborah Daro,
in 1988 calculation from Department of Labor statistics

CHAPTER 4

THE FISCAL COSTS: WHAT DO WE PAY TO TOLERATE ABUSE?

The tremendous human and social costs of child abuse and neglect become even more tangible when considered in fiscal terms. Responding after the fact to the problems of maltreatment costs society billions of dollars each year.

It is difficult to calculate the total fiscal impact of abuse. Some costs are obvious and immediate, such as the costs of hospitalization, protective services investigation and intervention. Other costs, while equally real, are more difficult to calculate -- for example, long-term costs in special education, therapeutic and rehabilitative services for victims who are seriously harmed by maltreatment. The greatest financial burdens may be the most difficult to ascertain -- the cost, for example, of institutionalizing or incarcerating those individuals who are functionally disabled or socially impaired by the violence of their childhoods.

While financial costs are difficult to calculate precisely, some efforts have been made to estimate their magnitude. While these estimates must be considered preliminary, they provide a dramatic measure of the financial burden which child abuse imposes our health, education, mental health, criminal justice and social service systems. In a forthcoming publication, Daro (1988) has calculated some of the direct public expenditures associated with child maltreatment. Her findings include:

- For the estimated 23,648 children suffering serious physical injuries from abuse in 1983 (including brain damage, skull fractures, bone fractures, internal injuries, poisoning and burns), if only half of the children were hospitalized for an average of 5.2 days, the inpatient medical costs associated with their injuries would exceed $20 million. The majority of these medical costs would have been paid for through Medicaid.

- Using national estimates of per capita special education expenditures in 1984, if only half of the children seriously injured by abuse in 1984 required special education services, over $7 million for special education would be required in the one year following their maltreatment.

° If 18% of all confirmed cases of child abuse and neglect reported to protective services in 1983 resulted in the child spending at least some amount of time in foster care, the cost of providing alternative care for abused and neglected children would have exceeded $460 million for the year.

Each of these costs -- $20 million for hospitalization, $7 million for special education, $460 million for foster care -- represents a *conservative* estimate for *a single year.* Each year, as thousands more children are seriously hurt by maltreatment, the costs continue to mount.

Even as new cases of child maltreatment impose new costs on our health and social service systems each year, treating the aftermath of abuse from previous years consumes more of our limited public resources. On-going placement and treatment for abuse victims adds millions of dollars to the cost of responding to the consequences of abuse and neglect. (Daro, 1988) For example:

° For the small percentage of children reported to protective service agencies in 1983 who remain in foster care longer than one year after investigation of their maltreatment, the cost of providing an average of 1.8 additional years of foster care will exceed $646 million.

° If only 20% of the adolescents identified for maltreatment in 1983 are incarcerated in public or private facilities for delinquent offenses, over $14.8 million will be spent for two years of care in correctional facilities.

These public expenditures still reflect only a small portion of the total costs of maltreatment. The continued dysfunctions of many abuse and neglect victims -- in adolescence and adulthood -- imposes costs on a wide array of social and health institutions. While no dollar estimates are available at present, it is certain that abuse and neglect contribute significantly to the ongoing costs of special education, therapeutic and rehabilitation services, public and private institutionalization for mental, physical and emotional handicaps, emergency and crisis programs for adolescent runaways and abused spouses, adult criminal justice systems and prisons. The financial burden of these services is tremendous. For example, it costs from $24,000 to $43,000 per year to retain a juvenile delinquent in a residential setting or pubic detention facility. (Camp and Camp, 1987) The average annual cost of retaining an adult criminal in a penal facility is over $11,000. (Bureau of Justice Statistics, 1984)

Efforts to treat the aftermath of child abuse consume billions of scarce public dollars each year. The question may not be whether we can afford to prevent child abuse and neglect. Considering the costs of responding to the problems after they have occurred, we cannot afford not to prevent further maltreatment of our children.

KEY POINTS

- Each year, more children are identified and reported for maltreatment. In 1985, an estimated 1.9 million children -- representing over 3% of all children -- were reported to state protective service agencies for suspected abuse, neglect or sexual abuse.

- The number of children reported for abuse and neglect still substantially underestimates the actual incidence of maltreatment. Even in cases of severe physical abuse, there is evidence that as few as one child in seven who is injured may be reported to protective services.

- Survey research with adults suggests that abuse touches the lives of an enormous number of children at some time during their childhoods. One-fifth to one-third of adult women report experiencing some form of sexual abuse during childhood.

- Physical abuse or neglect are fatal for as many as 5,000 children or more each year. Most of these children die before their first birthday.

- Follow-up studies of physically abused and neglected children reveal lasting impairments among many victims. In studies of seriously maltreated children, more than half have shown evidence of permanent neurological, physical and developmental damage. Even without evidence of lasting physical injury, many abused and neglected children are seriously retarded in their cognitive, language and physical development.

- Studies of the emotional aftermath of abuse show that many children suffer emotional and psychological damage -- including distorted self-esteem, aggression, withdrawal, isolation, heightened fear and anxiety, and an inability to trust others or themselves. For a significant number, these emotional and psychological disturbances are severe and pathological.

- Retrospective studies of children and adults institutionalized for developmental or psychological impairments show that a significant number were childhood victims of abuse and neglect. For some, the maltreatment appears to have been a primary cause of handicaps such as retardation, cerebral palsy and multiple personality disorders.

- Among juveniles arrested or incarcerated for delinquent acts, as many as 80% to 90% report a history of abuse and/or neglect. An overwhelming number of teenage runaways and street youth experienced maltreatment in their homes.

- Among violent delinquents, violent maltreatment appears to be correlated with more violent crimes. Although data about violent adult criminals

are limited, they suggest that a similar pattern of family violence characterized their childhoods.

- Sexual offenders -- particularly those who prey on child victims -- share histories of physical and sexual abuse during their own childhoods. The early histories of adult and juvenile prostitutes reveal frequent and recurring victimization.

- Family violence is perpetuated across generations. Adults who mistreat their own children, and those who are the perpetrators and victims of spouse abuse, are often those who were themselves childhood abuse victims.

- Conservative estimates of the immediate costs of placement, medical care and therapeutic services for child abuse victims approach $500 million for the children seriously hurt by maltreatment each year. Another $600 million or more may eventually be spent on foster care and juvenile detention for the children suffering serious abuse each year.

- The lasting costs imposed by child abuse -- in lost human potential, criminal detentions, institutionalization, special education, emergency and therapeutic services -- multiply each year as more children are psychologically, emotionally and developmentally disabled by maltreatment.

The real generosity toward the future consists of giving all to the present.

Camus

SECTION II

The Prospects for Child Abuse Prevention: Research and Policy Issues

SECTION II: OVERVIEW

While our understanding of child maltreatment is growing, it remains incomplete. We now know, for example, that many more children are maltreated than originally suspected, but we still do not have accurate measures of the true incidence of child abuse or neglect. We have identified many variables which are associated with abuse, but we have no comprehensive theory of causation. We know some approaches to prevention are effective, but have no final prescription for ending the abuse of children.

The most obvious implication of these limits in our knowledge concerns the need for more and better research. Many observers have reiterated the call for more research, and a number of excellent reviews have recently suggested directions and priorities for future research. (e.g. Garbarino, 1985; Newberger, Newberger and Hampton, 1983)

Less attention has been focused on the implications of the existing knowledge, and the gaps in that knowledge, for implementing policies and programs to prevent child abuse and neglect. While research proceeds in the field, communities are faced with the need to act; as the human, social and fiscal costs of child abuse mount, there is a pressing need to implement programs and policies now which will prevent further maltreatment of children.

Long-term evaluations of prevention efforts in many areas of child and family welfare now paint an encouraging picture. Early preventive services for children and parents can reduce the incidence of long-term health, developmental and functional problems. In the area of child abuse prevention, the existing body of evaluation research, while still preliminary, is equally encouraging. It is clear that some approaches to child abuse prevention work.

The existing knowledge about child abuse and prevention also suggests important issues which must be addressed in the development of effective prevention programs. Child maltreatment is a complex problem; a commitment to effective prevention will need to address the different manifestations, interacting causes and varied populations affected by abuse, neglect and sexual abuse. Policy and program development must take into account the limitations and difficulties of evaluating and measuring progress in prevention.

The following chapters review some of what is known, and still unknown, about the dynamics of child abuse and neglect, and the possibilities for prevention. This is not a comprehensive review of the field. Nor does it speak to the obvious need for additional research in many areas. Rather, it is an attempt to review the evidence that prevention can work, and several key policy issues suggested by the existing body of child abuse theory and research.

We are at the crossroads in child protection. We can choose to follow the futile course of treating rather than preventing child abuse. Like Sisyphus, we can keep pushing and re-pushing the endlessly falling boulder up the mountain. Or we can choose the more powerful course of rebuilding the mountain to prevent the boulder from ever falling down.

Gertrude Williams,
in *Child Abuse Reconsidered*, 1983

CHAPTER 5

THE PROMISE OF PREVENTION

While the evaluation of child abuse prevention programs is still limited, it does provide an initial and encouraging body of knowledge. Many prevention programs do work, and hold great promise for strengthening families and protecting children *before* they are physically and emotionally devastated by maltreatment.

Treatment After the Fact

Much of the attention to child abuse in recent years has focused on identification of child victims, and treatment for families after maltreatment has occurred. Treatment for abused children and abusing parents is important. It can help prevent revictimization in some families, and ameliorate the damage to the physical, emotional and cognitive development of child victims. But its potential to *change* already established patterns of rejection, battering and neglect may be very limited. Some large-scale studies of child abuse treatment programs suggest that treatment may prevent reoccurrence of maltreatment in fewer than half of participating families. (See, for example, Cohn, 1979; Daro, 1985) As researcher Deborah Daro (1985) commented:

> Working with families once they have established abusive and neglectful parenting patterns is akin to constructing a flimsy fence at the base of a hill once the rains have started in the hopes of stopping a landslide. Child maltreatment can only be successfully addressed through the identification of the weaknesses in families or adults and the correction of these weaknesses before environmental or personal stress overrun a family's frail resistance. (Daro, 1985)

The Promise of Prevention

Since treatment alone cannot break the cycle of child maltreatment, strategies to prevent abusive or neglectful patterns from ever developing may be far more promising. The effectiveness and cost-effectiveness of prevention has been well documented in other areas of child and family welfare. For example:

- The Children's Defense Fund (CDF) reports that every dollar invested in early prenatal care, which decreases infant mortality and the rates of low-birthweight, saves from $3 to $11 in later medical and institutional costs; every dollar invested in the Women, Infants and Children (WIC) nutrition program saves as much as $3 in short-term hospital costs alone; every dollar invested in early education of handicapped children saves $3 in later special education costs. (CDF, 1986)

- Long-term research conducted through the High/Scope Educational Research Foundation documents lasting, positive benefits in the lives of children attending quality preschool programs. Compared to similar children who did not receive early childhood interventions, more of the preschool graduates had completed high school and attended college, they were more full-employed and economically self-sufficient, and had fewer criminal arrests and lower birth rates in adolescence. These gains save an estimated $7 in later public expenditures for every $1 invested in quality preschool education. (Berrueta-Clement et al., 1984)

Evaluation of prevention programs aimed specifically at child abuse is only beginning. Many more strategies have been proposed than have been implemented, and many more have been implemented than evaluated. Those which have been evaluated, however, demonstrate that prevention can be effective.

Several studies have measured substantial reductions in the incidence of abuse and neglect among families receiving early, preventive services -- particularly families considered greatly at risk for maltreating their children. A number of studies are discussed in greater detail in Section III of this report; highlights of their findings include:

- None of the children randomly assigned to receive lay home health visitor services through a University of Colorado program later received hospital care for abuse-related injuries, compared to 10% of the children in similar families who received no visitation services. (Gray et al., 1980)

- When home health visitor services were provided to young, high risk mothers on a randomized basis, a University of Rochester study found that nearly five times as many of the "no treatment" mothers later abused or neglected their children. (Olds et al., 1986)

- In a study of the preventive effects of "rooming-in" childbirth arrangements, only 1.5% of the children in families randomly assigned to the "rooming-in" facilities were later abused or neglected, compared to 7% of

the children in similar families using traditional hospital arrangements. (O'Connor et al., 1980)

Other evaluators have examined the effectiveness of programs addressing "intermediary" factors which contribute to maltreatment, or which increase the capacity of children and parents to prevent its occurrence. A few highlights include:

- Parents participating in the "Nurturing Program" of parent education became significantly more knowledgeable about their children's development and needs, more self-aware and self-confident, and more likely to use discipline techniques other than corporal punishment. (Bavolek, 1984 and 1986)

- Following participation in the "MELD" parent support and education program, parents reported being more knowledgeable about child development, childrearing techniques and positive methods for coping with family stress. (Reineke and Benson, 1981)

- More than three-quarters of the parents receiving supportive, in-home Parent Aide services through the Child At Risk Program in New Hampshire made positive progress in improving their parenting skills, and resolving parenting problems such as neglect of their children's needs and use of inappropriate discipline. (Krell et al., 1982)

- Grade school children who participated in the "Talking About Touching" personal safety training program demonstrated significantly greater knowledge about sexual abuse and safety techniques, and better problem-solving and assertiveness skills, than their peers who did not receive the training. (Dower, 1986)

Designing and Evaluating Prevention Programs

Existing evaluations of child abuse prevention programs are encouraging. Much more extensive field testing and evaluation of prevention programs is still needed, however, to identify more clearly which programs work most effectively with which populations of children and families.

Systematic and rigorous evaluation of outcomes should be considered in the development of new prevention programs, and used to guide future program and policy decisions. Because programs often target intermediary problems associated with child abuse, evaluation will ideally incorporate a two-step approach. First, programs should be assessed in terms of their effectiveness in reaching specific objectives -- for example, increasing attachment between mothers and infants, or increasing children's knowledge of self- protection options. Second, the impact of these changes on the incidence of child abuse and neglect should be measured, i.e., if attachment is greater, does it result in fewer cases of maltreatment? (Giovannoni, 1982) This two-phase evaluation approach will provide critical information for the development of the most effective strategies for the future.

With the limited nature of current evaluation research, what are the prospects for launching effective prevention efforts? An array of effective prevention initiatives can be launched, now, based on a combination of existing research, and sound reasoning based on our knowledge of the dynamics of child abuse, family systems and child development.

We know that prevention is possible. Some approaches to early intervention with high risk families have demonstrated success in reducing the incidence of later abuse and neglect. Other strategies, such as eliminating corporal punishment in schools, have the potential for directly reducing abuse. Research into the dynamics of child abuse, and support and education programs for parents and children, suggests additional strategies for reducing the risk of abuse. Programs which effectively increase parents' caretaking skills, reduce family stress and isolation, or increase children's self-protection skills, can be expected to have a substantial impact on the incidence of child maltreatment.

Our knowledge about child abuse prevention is incomplete, but, as Anne Cohn suggests, "To wait for perfect knowledge to begin work would be to wait forever." In *An Approach to Preventing Child Abuse*, 1983, she concludes:

> *Prevention efforts are relatively new, but are growing in number. The barriers are real but can be overcome. Even while work goes on to test new strategies, to perfect knowledge about prevention in general and the specific importance of cultural and ethnic issues, there are important steps to take. Individuals and groups locally and on the national level can take those steps together.*

Child abuse and neglect are not isolated problems unrelated to the life of families and our society; the comforting thought that they afflict only someone else is an illusion that must be discarded. The effort to help maltreated children, in the end, unites the forces of compassion and common sense in our society.

Jose D. Alfaro,
in a 1981 report to the New York Select Committee on Child Abuse

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CHAPTER 6

IMPLICATIONS FOR POLICY

Clinical research and field evaluations have produced a rich base of knowledge about child abuse and neglect. From our early conceptions of abuse as single problem -- the physical battering of young children -- we have moved to a far more complex understanding of the causes, dynamics and consequences of various types of child maltreatment. This more complex understanding of the problem has important implications for the development of effective policies and programs to prevent maltreatment.

Child Abuse is a Multifaceted Problem

The term "child abuse" is a convenient label for the various forms of child maltreatment. It can, however, obscure the fact that the maltreatment of children is not a uniform phenomenon. Physical battering, neglect, emotional maltreatment, sexual assault and incest are all forms of child abuse. Child abuse can be manifested on familial, social and institutional levels. Specific instances of child maltreatment may reflect very different social or family dysfunctions, and have very different consequences for child victims.

The multifaceted nature of child maltreatment is reflected in the wide range of proposed definitions for "child abuse." The National Committee for Prevention of Child Abuse "recognizes and defines child abuse to include physical abuse, neglect, sexual abuse and emotional abuse." Ray Helfer has proposed a broad definition for child abuse: "Any interaction or lack of interaction between a child and his or her caretakers which results in non-accidental harm to the child's physical and/or developmental state." (Helfer, 1982) David Gil proposes an even broader definition, which encompasses the social and institutional manifestations of abuse: "Any act of commission or omission by individuals, institutions, or society as a whole, and any conditions resulting from such acts or inaction, which deprive children of equal rights and liberties, and/or interfere with their optimal development." (Gil, 1979)

Formulating a comprehensive definition of child maltreatment is difficult, in part, because there is no single type of behavior or interaction which can be isolated as uniquely "abusive" to children. Maltreatment includes depriving children of basic necessities and neglecting their physical and emotional needs (indicated in over 50% of cases reported to protective services in 1985); physically battering (22%), sexually exploiting or abusing (12%) and emotionally neglecting or abusing children (10%). (AAPC, 1987) Children are abused by parents, caretakers and other unrelated adults. And they are maltreated by the child-serving institutions -- schools, child care and residential settings -- which permit the use of physical and emotional violence against them.

In light of the many differences which characterize "child abuse", it is clear that no single approach to prevention is possible. Programs to prevent the physical battering of infants will not prevent the sexual abuse and exploitation of adolescents; programs targeted to parents will not change abusive policies and practices in child-serving institutions; efforts to change parenting behaviors will not provide children with skills to protect themselves from sexual maltreatment by strangers.

While it is tempting to seek a single, best technique for child abuse prevention, the complex problem of child abuse demands varied and multi-faceted solutions. Different approaches must be developed to prevent different types of abuse among specific populations. A range of prevention programs must address various types of family dysfunctions leading to maltreatment, and be adapted to families at different stages of life and developmental levels. Programs for children must be carefully adapted to their particular developmental needs and capabilities. A variety of institutional and social policies are needed to support healthy family functioning, and to eliminate the abuse of children in public and private child care settings. Each of these prevention efforts may each be effective in reducing certain types of abuse among some portion of the population. In combination, however, they can form a comprehensive and effective approach to prevention.

Populations Affected

Children of all ages are abused. Parents in all socio-economic strata maltreat their children. Abuse and neglect occur in all neighborhoods, communities and cities.

Child abuse reporting statistics suggest some patterns in the maltreatment of children. Somewhat more women than men are reported for child abuse and neglect; younger children, minority and low-income families are generally over-represented in child abuse reports. There is considerable debate about the significance of these trends. Some observers suggest these may be genuine risk factors in child abuse and neglect. There is evidence, however, that the trends may be a reporting artifact: younger children are more likely to be seriously injured by abuse, and consequently identified and reported; low-income families are subject to more intense contact and scrutiny from the social welfare system, and more likely to be reported by pro-

fessionals for suspected incidents of maltreatment. (Hampton and Newberger, 1985)

Whether these trends reflect real differences or reporting biases, they remain only trends. Child abuse and neglect are not problems affecting only young children, or confined to low-income families, or characteristic of only young mothers. Targeting prevention efforts to any single sub-population can only hope to reduce overall abuse by the small percentage of cases which that single group represents.

The lack of a single, easily identified community to target suggests that abuse prevention efforts must be broad based and inclusive to be effective. This underscores the opportunity to build on existing resources for service delivery, and to involve all sectors of society in the effort.

Because of their existing contact with troubled families, public and private social service agencies are frequently suggested as the logical entities to undertake prevention programs. But abuse prevention cannot be the job of social service agencies alone. Schools, as a point of universal contact with children, provide logical settings for training children about abuse and self-protection. Public and private health care providers frequently contact families who never enter the social service system, and can serve as vehicles for training, educating, supporting and monitoring parents. Workplaces are important settings for combatting parental stress and supporting the healthy functioning of families. Community, religious, recreation and social groups have contact with, and provide critical support for many families.

The heterogeneity of the population affected by abuse and neglect suggests, also, that prevention efforts must be culturally sensitive and appropriate. While based on "universal" prevention approaches, programs need to be tailored to reflect the unique needs, strengths and traditions of particular ethnic, cultural and linguistic communities.

The Etiology of Child Maltreatment

Considerable research has been devoted to finding the cause of child abuse and neglect. Rather than producing a comprehensive theory, however, continued research and clinical experience has produced a number of different theoretical models. Psychoanalytic theories suggest parental psychopathology; social learning theories point to parenting behaviors learned during violent and abusive childhoods; environmental stress theories suggest that life events and conditions, such as poverty, overcrowded housing and a violent social context, are at the root of child maltreatment. (Newberger, 1983)

While each of these models explain some aspects or some cases of child maltreatment, none adequately explains all abuse and neglect. As Newberger and Newberger (1982) suggest: "a theory of psychopathology is inadequate without the integration of the factors in the individual and in his or her history and environment that render him or her vulnerable to psychopathology and to its particular expression of child abuse. An environmental theory is inadequate without the integration of those personal and social qualities,

experiences, and characteristics that render the individual vulnerable as a parent to the eroding effects of poverty and stress."

Studies with abusive and neglectful families have revealed a number of specific variables which are associated with child maltreatment. There is considerable evidence that childhood health and developmental problems -- such as prematurity, congenital defects, childhood illness or handicapping conditions -- increase the risk that children will be abused. (Lynch, 1975; Jaudes and Diamond, 1985) Specific characteristics of parents are also associated with an increased likelihood for maltreatment. For a small number, serious psychopathology may exist; other, more frequently noted characteristics include a childhood history of maltreatment, poor self-esteem, single or adolescent parenthood, or inadequate knowledge and preparation for the caretaking role. (Steele, 1980; Hunter et al., 1978; Leventhal, 1981) Social factors which increase family stress are potent contributors to child maltreatment; unemployment, overcrowded housing, and isolation from supportive social networks have all been correlated with higher rates of abuse and neglect. Finally, many theorists suggest that broader cultural factors -- such as the condoning of violence and the use of force against children-- contribute to the perpetuation of child abuse. (Garbarino, 1977)

For the long list of associated factors, no single variable or combination of variables emerge as the ultimate cause of maltreatment. Rather, some *combinations* of factors, operating at the social, family and individual levels, *interact* to produce various forms of maltreatment among different families. James Garbarino (1977) has suggested an "ecological" model for understanding the interacting causes of child maltreatment, which embeds the problem of child abuse within a larger social context. Abuse can be viewed as a dysfunction in the caretaker-child relationship, and the capacity of the family to manage the level of stress in their environment. These dysfunctions on the "micro-level" of the family occur within the context of socio-cultural forces which permit the abuse of children -- including failure by social support systems to monitor and support parents in their caretaking roles, and cultural justification for the use of force against children. As he suggests: "It is the *unmanageability* of stress which is the most important factor (in abuse) and the unmanageability is a product of a mismatch between the level of stress and the availability and potency of support systems." In recent research by Newberger and his colleagues (1986), comparisons of child abuse and other childhood social illness cases confirmed speculation that the families in which abuse occurred were characterized not only by dysfunctions in the parent-child relationship, but also by a variety of ecological characteristics which suggest significant, unmanageable stress in their lives -- including poverty, emotionally impoverished childhoods and major problems in adult, intimate relationships.

Each unitary theory of causation suggests a single and specific approach to prevention. A broader, interactive view of causation, on the other hand, suggests multiple prevention strategies -- operating on the social, community, family and individual levels -- to address the "intermediary" factors or problems which contribute to child abuse and neglect. Initiatives to reduce social acceptance of violence against children, *and* efforts to reduce family stresses such as unemployment, *and* programs to reduce family isolation and

increase parenting skills, *and* efforts to help parents cope with atypical behavior in children, *and* programs to teach children self-protection skills all become important components in child abuse prevention.

Degrees of Risk for Abuse and Neglect

In some respects, all families and children are at some degree of risk for child abuse and neglect. The amount of time family members spend together, high levels of intimacy and expectations, and associated frustrations, suggest that conflict may be inevitable, and aggression and violence common. The demands of raising a child from infancy to adulthood are a significant challenge to even the most intact and functional families. Any child might be victimized by sexual abuse or exploitation, by a family member or stranger.

External stresses such as unemployment, and internal stresses such as inadequate preparation for parenthood or an atypical child, increase the risk of abuse and neglect. Garbarino (1977) suggests that as many as one-quarter of American families are "in danger of being 'abuse-prone' because of some combination of childrearing ignorance, unrealistic expectations concerning children, a propensity toward violence, psychopathology, presence of a 'special' child, etc."

With the addition of more sources of stress, families may be at increasing risk for abuse or neglect. It is unlikely that there is a direct and predictable "additive" effect, but it does appear that some combinations of risk factors are predictive of maltreatment. Jeanne Giovannoni (1982) suggests: "The correlates, themselves, are perhaps best thought of as a chain; with the addition of each link, there is an expected increase in the probability of the occurrence of maltreatment." It is not known, with certainty, which variables -- or links in the chain -- are most predictive of abuse. It is known, however, that some families with many sources of stress are particularly vulnerable.

This conception of populations at risk suggests a continuum of risk for child abuse: from the general population of families, who face the predictable stresses of parenting, to families with special sources of stress. Families at each point on the continuum have certain needs for support which, if not adequately met, may place them at heightened risk for abuse. A comprehensive approach to the prevention of child abuse and neglect must include a wide range of measures appropriate to the needs of families at various degrees of risk for abuse.

On the broadest level, *primary prevention* should include programs, policies and resources which contribute to the healthy functioning of *all* families: services such as health care, adequate child care, supportive workplace policies and life skills training for children. For families with special pressures or challenges, *secondary prevention* programs can provide more specialized and targeted services. Resources such as mutual aid/self-help groups for parents who consider themselves at risk for maltreating their children, home visitor programs for new parents, or support and education programs for adolescent parents, can help prevent the escalation of family

stress into family dysfunctions and abuse. For families in which maltreatment has occurred, *tertiary prevention* (or treatment) programs are needed to address the multiple problems of parents and children. Programs which provide multidisciplinary, intensive services, or respite for families in crisis, can help prevent further breakdowns and violence in families which are greatly at risk; treatment for abused children may prevent the repetition of abuse in future generations.

Screening to Predict Child Maltreatment

The issue of targeting families who are "at risk" for child abuse and neglect has been approached from two different angles. The first approach has been to identify groups of families at risk because of shared characteristics which may be associated with maltreatment. In the broadest conception, for example, all children are at risk for sexual exploitation because they are likely targets; assertiveness and self-protection training can be provided to all young children to help reduce this risk. More narrowly defined groups have been targeted for other interventions. For example, it has been suggested that adolescent parents have particularly high needs for information and support to prepare them for the job of parenting; home visitation and education programs have been designed specifically for this often vulnerable group of parents.

A more sophisticated approach to targeting at-risk families has involved formal screening for potential abuse or neglect related parenting behaviors. Protocols for prenatal and neonatal observations by medical personnel have been developed which identify high-risk parents with considerable accuracy. (e.g., Murphy et al., 1985) Other researchers have experimented with existing standardized tests, such as the Minnesota Multiphasic Personality Inventory, to predict parenting dysfunctions and maltreatment. In several trials, subscales derived from the Inventory distinguished between abusive and non-abusive adults with great accuracy. (McMurty, 1985) Specialized screening tests have been designed and validated with high-risk families, incorporating a variety of psychological, environmental, and historical factors frequently associated with abuse. (e.g., Milner and Ayoub, 1980)

While considerable progress has been made in the area of screening, however, the process remains imperfect. Continued research has added more, and occasionally conflicting variables to the list of possible predictors, reinforcing the theory that there is no single "abusive personality" type. On the other hand, some variables -- such as maternal history, parents' expectations of the child, parental stress and isolation, and special characteristics of the child -- have surfaced repeatedly as significant predictors. (McMurty, 1985)

Of greater concern is the problem of accuracy. It seems obvious that efforts to predict maltreatment based on broad group classifications will identify a large population of which only a fraction are genuinely at risk for abuse or neglect. Even with more sophisticated and accurate screening techniques, however, when the incidence of a problem is low the level of over-identification is likely to be high. For example, using a sample of 1,000

parents from a population with a 10% incidence of abuse, it would be expected that 100 parents would be abusive. A screening instrument with 90% accuracy (on both sensitivity and specificity), would correctly identify 90 of the 100 parents as abusive. It would, however, fail to identify 10 of the 100 abusive parents, and incorrectly identify 90 of the remaining parents as potentially abusive. With an actual incidence of abuse lower than 10%, the ratio between true positives and false positives would become even worse. (McMurty, 1985)

It is the incorrect identification and possible labeling of parents as potentially abusive which causes the greatest concern among researchers and practitioners. Even with very accurate screening, when the incidence of a problem is low the number of incorrectly identified individuals is high. In the worst case, some observers suggest that any labeling of families as "at risk" or "pre-abusive" is stigmatizing, and *incorrect* labeling itself may lead to maltreatment. A more immediate concern is that limited resources may be devoted to families who are not genuinely at risk.

Given the fact that screening for abuse will never be 100% accurate, what are the implications for prevention programs? Programs can be provided in a positive and non-stigmatizing manner which stress the common needs of families for support, rather than targeting some families as potential failures. Programs providing education to all new parents, for example, will reach many families which are not at risk for maltreating their children. Such programs may be very beneficial, however, to all participating families. Broadly based and positive prevention programs can serve as a way to enhance healthy functioning among families without stigma, while preventing dysfunction among the fraction of families who are at genuine risk for dysfunctions and abuse.

Child Abuse and Other Social Problems

Child abuse and neglect are not isolated social problems. Recent research in many related fields has revealed close and often reciprocal relationships between child abuse and other family dysfunctions. These links suggest the critical need for prevention efforts; they also underscore the importance of coordinating child abuse prevention with other specific family and community programs.

Alcoholism and child maltreatment are closely linked. Clinicians report that emotional and physical neglect of children are common in alcoholic homes, and studies have found evidence of alcohol abuse in from 35% to nearly 70% of cases of physical child abuse. (Woodside, 1984) Like family violence, alcoholism is an intergenerational problem, and there is still considerable uncertainty about the ways in which alcohol and child abuse interact. It is clear, however, that they are intertwined problems in many families, and prevention of child maltreatment should be closely tied to efforts aimed at prevention and treatment of alcoholism.

Abuse is also intimately connected with other social and family problems. Retrospective studies with handicapped children suggest they are at particu-

larly high risk for abuse; some have found that as many as 22% to 24% of disabled children have a history of maltreatment -- which either caused or resulted from the handicap. (Buchanan and Oliver, 1977; Jaudes and Diamond, 1985) An overwhelming number of juvenile delinquents and runaways report abuse and sexual maltreatment in their homes. (Gray, 1986) Adolescent parents, already at risk for so many social and economic problems, are also at higher risk for abusing or neglecting their children. (Leventhal, 1981)

The close connection between child maltreatment and other family and social problems suggests that child abuse prevention cannot be isolated from other treatment and prevention efforts. Treatment for alcoholism may have a significant impact on breaking the intergenerational patterns of alcoholism and family violence. Special programs to train and support parents of handicapped children can help increase their caretaking skills and resources, and reduce the maltreatment of this especially vulnerable population of children. Programs to help troubled and runaway adolescents can help reduce the immediate risk that they will be maltreated, and the long-term risks of too-early parenthood. A comprehensive approach to child abuse prevention should be closely connected to other initiatives which, while addressing different family problems, promote the common goals of healthy family functioning and child development.

Measuring Progress in Prevention

Measuring the effectiveness of any prevention program, that is, measuring what does *not* happen as a result of the program, is inherently difficult. In the area of child abuse and neglect, the challenge is particularly great.

Even with dramatic recent increases in the reporting of suspected cases of child maltreatment to protective services agencies, there is broad agreement that reported child abuse still does not reflect the true incidence of the problem. And without accurate incidence data, historical and future trends in reported abuse cannot provide an accurate measure of the effectiveness of prevention efforts. Changes in the number of children reported to protective services may reflect very different social or policy factors. For example, there is evidence that heightened awareness about abuse results in increased reporting; energetic prevention efforts, therefore, may result in an initial *increase*, rather than *decrease*, in children reported to protective services. Broader social and economic conditions, such as a significant increase or drop in unemployment, may affect rates of maltreatment independent of prevention efforts.

In a recent article, James Garbarino (1986) compared seven projections of the rate of child maltreatment by 1990 which reflect possible reporting, economic and incidence variables. By 1990, the models suggest *a rate of serious cases ranging from approximately 6 per 1,000 to almost 15 per 1,000.* More importantly, projecting the effects of successful prevention efforts -- which reduced serious cases by 20% -- resulted in substantially different rates by 1990 depending on which assumptions about the base rate of incidence (without intervention) were employed. Even with effective prevention

programs in place, reported incidence of maltreatment may show little or no decline.

Real progress in preventing maltreatment may easily be obscured by other factors affecting either reporting or incidence. In developing goals and measures of progress for prevention programs, careful attention to the problems of reporting and measuring maltreatment is crucial.

KEY POINTS

- Identification and treatment for families in which abuse and neglect have occurred may help prevent re-abuse of children and ameliorate the harm to children's emotional and physical development. But its potential to *change* already established patterns of abuse or neglect may be very limited. For many child victims and their families, treatment after the fact is already too late.

- Prevention provides a more promising route to helping families *before* abusive patterns begin and children are hurt. Evaluations indicate that early interventions can effectively prevent much abuse and neglect -- even among families greatly at risk. Other strategies of support and education for parents and children can reduce problems which contribute to abuse, or increase knowledge and skills for preventing its occurrence.

- Evaluation of prevention strategies is still limited. Until more comprehensive evaluations can be completed, child abuse prevention strategies can be developed based on the best available research knowledge and reasoning about family systems and child development. And rigorous evaluation of new prevention programs is critically important to guide current and future efforts in the field.

- The physical, emotional and sexual maltreatment of children are all forms of child abuse, but reflect very different social or family dysfunctions and may have very different consequences for child victims. A comprehensive approach to child abuse prevention must be as multifaceted as the problem it is addressing.

- Prevention programs and policies are needed which address family and institutional manifestations of abuse, and which are appropriate to the developmental and situational needs of different children and families. Specific initiatives may only be effective in preventing certain types of maltreatment among specific populations.

- Abuse and neglect are problems in all social, economic, racial and ethnic communities. Child abuse is a community-wide problem and every sector of the community -- including social service agencies, health care providers, schools, workplaces and community groups -- must be involved in the solution. Approaches to child abuse prevention must be sensitive to cultural, ethnic and linguistic differences, and may need to be tailored to reflect the unique needs, strengths and traditions of specific communities.

- There is no single cause of abuse, or easily identified "abusive" personality. An interactive or ecological model suggests that multiple social, family and individual factors interact to cause the maltreatment

of children. While addressing the overall goal of reducing child abuse and neglect, prevention initiatives can be aimed at reducing the intermediary problems which contribute to child maltreatment. Initiatives can reflect both prevention of *negative* family patterns and behaviors, and enhancement of *positive* patterns, supports and alternatives for families.

- Families and children have a continuum of need for special support, training and assistance; child abuse prevention should include a continuum of services, from initiatives which support and reduce stress for all families, to specialized services for families at particular risk for maltreatment. Incorrectly labeling families can be avoided through positive and non-stigmatizing approaches to prevention, which provide support and assistance to the broadest appropriate populations of families.

It is necessary;
therefore it is possible.

Borgese

SECTION III

Approaches to Child Abuse Prevention: Program and Policy Directions

SECTION III: OVERVIEW

Theorists, researchers and practitioners in many fields have turned their attention in recent years to the challenge of child abuse prevention. Although knowledge about how best to prevent the maltreatment of children is far from complete, promising programs and policies have been developed, and initial field evaluations reinforce the belief that prevention is possible.

Several prominent thinkers in the child abuse field have recently proposed multidisciplinary strategies for abuse prevention (see for example, Cohn, 1983; Helfer, 1982; Newberger and Newberger, 1982). Their proposals emphasize a range of different programs and policies, and suggest an emerging consensus about the central features of a prevention strategy. They suggest that a *comprehensive* approach must: 1) employ multiple strategies to address the varied causes and manifestations of child abuse and neglect; 2) involve a varied group of professionals and institutions which represent all sectors of the community; and 3) combine primary prevention efforts, which are appropriate for all families, with more specialized prevention and treatment programs.

Along with an emerging vision, existing literature on child abuse prevention suggests some genuine limitations. At present, there are still more prevention ideas than programs, and many programs which lack solid evaluations and information for replication.

Jane Simmons (1986) recently conducted an extensive survey of child abuse prevention programs in operation nationwide. When she analyzed the programs according to life cycle stages, significant gaps were obvious. During preschool/toddler years, for example, many prevention programs focused on training for parents but ignored children; during the early school years, however, the situation was reversed and most programs were directed at children, with minimal involvement of parents. Other gaps concerned program content. Most adolescent programs in her survey were found to emphasize the issues of pregnant and parenting teenagers; other adolescent concerns, such as parent-teenager interactions, received little or no attention.

Among those prevention programs which have been developed, many are never formally evaluated or reported in the professional literature. When Ray Helfer (1982) reviewed the prevention literature, he reported only three studies which met his criteria for experimental research in the prevention of child abuse. Simmons reports on a much larger group of programs, but notes that many of them were located through informal contacts rather than through reports in professional journals. Among those she located, many had no empirical data about their effectiveness; others used some evaluation mechanisms, but few employed a truly experimental design.

The following chapters summarize a wide variety of proposals, programs and policies related to child abuse prevention collected from several sources: professional journals, program reports and documents, and program evaluations. The particular strategies which are included reflect many of the issues discussed above.

- Prevention is defined broadly, to include strategies for enhancing family strengths (primary prevention), preventing breakdowns and dysfunctions among families at risk for abuse and neglect (secondary prevention), and preventing the perpetuation of maltreatment in future generations of children (tertiary prevention).

- Strategies call on a wide assortment of professional and community "helpers", and involve many different sectors of the community.

- Programs and policies are included which aim directly at preventing abuse, along with others which address prevention indirectly by increasing family strengths or preventing related social and family problems.

- Program and policy ideas reflect the limitations in the field of child abuse prevention; they represent an initial vision, not a final blueprint, for a comprehensive prevention strategy.

While many programs are interdisciplinary in actual practice, they are organized according to the primary sector of the community through which they have typically been initiated: the medical/health care profession, community support systems, the workplace, social services and educational institutions.

Each program or policy initiative is described in terms of its potential contribution to the prevention of child abuse and neglect. Wherever possible, evaluation information is provided regarding program impacts on child abuse. Many programs, however, have not been evaluated, or evaluations have not addressed the particular issues of child maltreatment. A number of individual programs are described as "Program Examples" to give the reader a more vivid picture of how a particular type of service or policy has been implemented. This has been done for the purposes of clarification and *not* for the purpose of recommending the programs as exemplary.

This review cannot serve as the final model for child abuse prevention, or as a complete review of this complex field, Ideally, it will convey to policymakers and advocates both the need for a broad and comprehensive approach to prevention, and a sense of optimism about what can be done now to prevent further abuse of our children.

[From] birth to age five is a critical stage during which vulnerabilities are great and the possibilities for health care interventions are numerous. If a child is helped to progress through this period safely, with preventable health problems avoided, and others identified and managed as early as possible, with effective measures such as immunizations taken to avoid later health problems, and with the nurturing capacity of the parents developed and supported, the young person's chances for a health life are increased dramatically.

Vince Hutchins and Mary Tierney,
in *Healthy Preschoolers Through Community Action*, 1982

CHAPTER 7

PREVENTION INITIATIVES IN HEALTH CARE

Practitioners from many branches of medicine have played a leading role in increasing awareness and identification of child maltreatment during the past two decades. As concern shifts from identification and remediation to prevention of child abuse, the medical sector has an equally crucial role to play.

On the most basic level, activities to protect and promote the health of children and their parents can contribute to the prevention of child maltreatment. Prenatal, birth and perinatal complications, and health and developmental problems in infancy and early childhood, appear to heighten the risk of child maltreatment. Prenatal, well-child and adult health care can be ideal vehicles for reducing the potency of these risks.

With many families, the health care system can play a more direct preventive role. Health care providers are among the only professionals who have almost universal contact with children during the critical years from birth to age five. Given the high morbidity and mortality rates from child abuse and neglect among this young population, the medical system is uniquely placed to screen children routinely for non-accidental injuries. And by identifying the signs of early family dysfunction, health care providers can act as "brokers" linking families and children to community services which reinforce positive parenting, increase individual coping skills and help strengthen families *before* they fail.

Pediatricians are obvious providers of care to families, but many different health and mental health care providers interface with children and their parents at various times throughout childhood -- family medicine practitioners, obstetricians, psychiatrists, nurses, emergency and maternity ward staff, radiologists, neurologists, orthopedic surgeons, school health personnel, public health providers, etc. Although each specialist may play a

distinct medical role *vis a vis* children and their parents, all health providers share the common responsibility to prevent child abuse and neglect by identifying and responding to the early signs of parent/child problems.

In order to carry out their preventive role successfully, all health professionals must receive medical training which emphasizes a broad approach to the child, and which imparts the relevant skills for observing, interviewing and assessing families for the early signs of dysfunction or abuse. In addition, providers and policymakers have identified specific health care initiatives which can contribute to the prevention of child maltreatment. These include:

- **Prenatal and early childhood health care**, to improve pregnancy outcomes and health among new mothers and young children;
- **Family centered birthing and perinatal coaching** to strengthen the early, positive bonding between parents and their children;
- **Home health visitors**, to provide support, education and linkage for new parents;
- **Support programs for parents of special needs children**, to assist parents of children with special health and developmental problems.

Prenatal and Early Childhood Health Care

There is strong evidence that children experiencing neonatal and early childhood health problems are at particular risk for abuse and neglect. The provision of adequate prenatal and early childhood health care -- to help prevent poor pregnancy outcomes, neonatal complications and childhood health and developmental problems -- can reduce the incidence of problems which increase the risk of maltreatment.

Children who die at birth or during infancy from preventable health problems suffer a direct form of societal neglect. For others, birth complications, prematurity and neonatal illnesses may place them at particular risk for maltreatment by parents and caretakers. Margaret Lynch (1975), commenting on the results of a Park Hospital, England study of factors contributing to physical abuse of young children, notes:

> Six factors emerged as highly significantly over-represented in the biography [of the abused children] as compared to the control sibling group: abnormal pregnancy, abnormal labor or delivery, neonatal separation, other separation in the first six months, illnesses in the first year of life, and illness in the mother in the first year of life.

Other researchers have found rates of maltreatment 3 to 8 times higher among premature and ill newborns. (Hunter et al., 1978) Birth complications and early health problems may result in prolonged separations of the mother and infant, and disrupt early, positive bonding and attachment; prematurity can place a child at risk for lasting physical and cognitive disabilities; health

problems may cause a child to be perceived as difficult, more demanding and less rewarding to care for. Any of these factors may contribute to abuse and neglect. (Zirpoli, 1986)

Untreated maternal illness and inadequate prenatal health care are among the key preventable causes of poor pregnancy outcome. The Children's Defense Fund (1986) suggests: "early and continuous prenatal care (which includes regular medical exams, any needed treatment, nutrition and other services) can reduce the incidence of mortality and low birthweight in infants by more than 25 percent." National statistics indicate, however, that the status of prenatal care and children's health have deteriorated in recent years: 1983 marked the third consecutive year in which the percentage of pregnant women receiving late or no prenatal care *increased*; between 1982 and 1983, postneonatal mortality rates and the percentage of infants born at low birth weight also increased. (CDF, 1986) Indicators of declining maternal and child health are especially pronounced among the most vulnerable populations -- including poor, non-white and adolescent parent families. (Newberger et al., 1986)

After their birth, many children continue to suffer disabling childhood illnesses which could be prevented with adequate medical care. The fragmented systems of health care delivery during early childhood leave many children without adequate, continuous care. (Hutchins and Tierney, 1982) For others, particularly children of poor or near-poor families, inadequacies in health insurance coverage leave health needs unmet. One out of every three poor children has no health insurance, or insurance for only part of the year. Many are members of the growing number of working families who receive no health benefits through employment. Others have been affected by sharp declines in Medicaid services and access to care. Between 1979 and 1983, Medicaid expenditures on behalf of each covered child declined by almost 14%; between 1976 and 1984, the number of children receiving Medicaid per 100 children in poverty declined from nearly 100 to less than 75. (CDF, 1986)

The connection between poor pregnancy outcomes, early childhood health and developmental problems, and child maltreatment suggest that programs to provide early, continuous health care are an essential component of child abuse prevention. Timely, preventive health care can allay health problems which may lead to permanent disabilities and handicaps -- and increase the risk that children will be victims of abuse or neglect.

There are a number of steps which can be taken to improve health care and health outcomes for children.

° The provision of universal access to health care, through public and/or private insurance, remains a key priority for the delivery of adequate care. In the short term, expansions in Medicaid coverage and eligibility standards have been proposed to assure access to care for all low-income uninsured children and pregnant women. In the long term, as the Children's Defense Fund (1986) states: "We must alter the current insurance system so that all American, regardless of the parents' employment status or the quality of their employers' health plans, receive health insurance coverage."

- Interagency systems which provide comprehensive health and developmental screening, diagnosis and treatment during early childhood have successfully addressed the fragmentation of health care for many children during the critical period between birth and entrance into school systems. In many communities, teams of health and mental health providers, early education and disability specialists have been organized to provide systematic health and developmental screening for preschool-aged children; referral, diagnosis and assessment for children with identified concerns; and linkage to appropriate medical resources and early intervention programs for follow-up treatment and care. (Hutchins and Tierney, 1982)

- For particularly vulnerable and underserved populations -- including adolescent, minority and low-income parents -- specialized programs provided through public health departments, university hospitals, community and school-based clinics have demonstrated positive effects in increasing the percentage of women receiving adequate prenatal care, and in producing healthy pregnancy outcomes and improved child health during infancy. Evaluations suggest that prenatal participation in related health and nutrition programs, such as the Women, Infants and Children (WIC) supplemental food program, is also associated with improved pregnancy outcomes. (Hayes, 1987)

Family Centered Birthing and Perinatal Coaching

Anecdotal and research evidence point to the period immediately following birth as a critical time for the development of attachments between new parents and their infants. These attachments, in turn, may be an important factor in preventing the breakdown of parent-child relationships which can lead to abuse and neglect.

Observations of interactions between mothers and children with neonatal illnesses suggest that mothers have greater difficulty establishing a relationship with their children if they experience prolonged separations after birth due to complications, illness or prematurity. It has been suggested that this early disruption in bonding or attachment may increase the risk of later maltreatment. (Wilson, 1980) Retrospective studies support this conjecture with evidence that babies who are separated from their mothers following birth, because of prematurity or other complications, are disproportionately abused or fail to thrive during childhood. (Hunter et al., 1975)

Family centered birthing arrangements have been proposed to strengthen the early, positive attachments between parents and their infants. Hospitals have developed routines to increase the early contact between parents and infants, and to support parents in assuming their new caretaking roles. In many communities, hospital- and community-based groups have developed perinatal coaching programs to help parents develop skills in communicating with their new infants.

Strategies for enhancing and strengthening the critical early relationship between parents and infants generally address three phases of early relationship building (Wilson, 1980):

- **Bonding** during the critical hours immediately following birth, to enhance the immediate emotional ties between parent and child. Family centered birthing policies include changes in hospital routines to provide birthing rooms, encourage partners to participate in labor and delivery, allow extended skin-to-skin contact and nursing immediately following birth, and delay administration of silver nitrate to the infant's eyes.

- **Attachment** during the days following birth, to enhance the responsiveness of parents and infants to reciprocal cues. Hospital routines have been modified to allow extended time for contact between the new parents and child, provide rooming-in facilities, allow sibling visits, and support and train parents in caring for their newborns.

- **Synchrony** in interaction between the parent and child, to reinforce a positive rapport, developed during early times of contact and interaction. Activities include training and "coaching" for parents regarding the development and capabilities of their newborn, communication skills, etc.

Field evaluations of the preventive impact of these measures have produced mixed results. In one randomized study, comparing first time mothers in rooming-in facilities with matched controls in conventional hospital arrangements, the rooming-in mothers showed greater competence and self-confidence in the handling of their infants, and better understanding of their behavior. (Greenberg et al., 1975) Less successful results were obtained by Siegel and his colleagues (1980), who report no significant differences in child maltreatment among mothers randomly assigned to groups receiving either early contact, home visits, early contact plus home visits, or no intervention. A randomized study by O'Connor and her colleagues (1980), however, found a significantly lower incidence of maltreatment among the mothers experiencing rooming-in and extended contact with their infants than among control mothers in traditional arrangements: 1.5% of rooming-in children were abused, compared to 7% of control children; fewer than 1% were hospitalized because of parenting inadequacy, compared to over 6% of control children; none of the rooming-in children were in the care of other adults at the time of follow-up, compared to 5% of the control children. Although evaluations are still inconclusive, they strongly suggest that relatively simple and low cost measures -- such as extended contact between new parents and their infants -- may have significant preventive impacts.

Program Examples

> *In an experiment with rooming-in arrangements at the* Nashville General Hospital, *mothers were allowed extended contact with their newborns in the days immediately following birth. In the traditional hospital routine, mothers were separated from their babies until at least 12 hours post partum, and then had contact only during feedings -- for an average of approximately 2 hours daily. In the rooming-in program, on the other*

hand, babies were brought to the mothers' rooms as early as 7 hours after birth, and then spent up to 8 hours each day with the mother -- for an average of over 11 hours of contact daily. In addition, rooming-in mothers were allowed to select either the infant's father or maternal grandmother to visit anytime the baby was rooming-in.

Follow-up evaluations of mothers randomly assigned to the traditional and rooming-in arrangements found significantly fewer of the children of rooming-in mothers were later abused or neglected. The researchers speculate: "Rooming-in may be effective in reducing subsequent parenting inadequacy by bonding the parent and infant into reciprocal regulation from the very outset, with the consequence that the exchange of positively reinforcing behaviors between parent and child is maximized and the cycle of child maltreatment avoided." (O'Connor et al., 1980)

Oakland Family Services, and local hospitals in Michigan have developed a joint program of perinatal coaching for first time parents. The Perinatal Coaching Parent/Infant Growth Program *provides information and support to encourage parent-child bonding and attachment, and prevent communication breakdowns which can lead to abuse and neglect. Trained volunteer coaches begin home visits with parents by the last trimester of pregnancy, providing information about pregnancy, labor, delivery and the post-partum period, and training in interpersonal and communication skills. Coaches visit new parents in the hospital, encouraging and modeling ways to interact and communicate with newborns. Home visits are continued during the first year following birth, providing information about child development and parenting, and linkage to other community resources.*

The program developers suggest that the Perinatal Coaching Program is a successful and cost-effective primary prevention strategy. Services are low cost, well integrated into existing community services, and available to the broad population of first time parents in the county. At the same time, the program provides a mechanism for identifying families in need of more extensive services, and linking them to sources of ongoing support and assistance. (Oakland Family Services, 1985)

Home Health Visitor Programs

The period immediately following the birth of a new child is frequently cited as a critical opportunity to strengthen families and thus reduce the likelihood of future abuse. It is a time of increased stress and demands on new parents, and a period in which initial transactions can establish lasting positive -- or negative -- patterns of interaction between parents and their infants. (Boger et al., 1986) Contacts with new parents during the perinatal period offer an ideal opportunity for medical professionals to observe the parent and infant for special problems or behaviors which may precipitate abuse or neglect, and to provide early, preventive interventions. (Gray et al., 1980) New parents may be particularly receptive and responsive to interventions designed to enhance their skills, knowledge and preparation for their

parenting role. For parents with special sources of stress -- such as isolation, poverty, a sick or atypical child -- early intervention may be critical in preventing stress which can lead to maltreatment.

One of the most frequently suggested strategies for child abuse prevention is home visitation programs for new parents. Home visitor programs, using professional or trained lay personnel, provide support, training and monitoring for new parents. They are designed to address many of the risk factors associated with abuse and neglect -- including inadequate knowledge of child development and child rearing skills, feelings of inadequacy or insecurity in the role of parent, isolation from resources for support and assistance, and the special demands of children with atypical development. (Boger et al., 1986)

Home visitation programs for new parents have been implemented in a number of communities, and field evaluations have documented a significant impact in preventing child maltreatment. An early program, evaluated by Gray and her colleagues (1980), provided comprehensive pediatric follow-up and home health visitor services on a randomized basis to first time mothers. Although there were no significant differences between control and intervention groups on measures of abnormal parenting or referrals for suspected maltreatment, there were significantly fewer cases of serious injuries as a result of maltreatment among mothers receiving home visitation. A particularly rigorous evaluation, conducted by Olds and his colleagues (1986), found significant differences between first time mothers randomly assigned to receive nurse home visitor services and their control group counterparts. Treatment mothers abused or neglected their children significantly less often, described their children in more positive terms and punished them less often; their children had higher developmental quotients and fewer emergency room visits. The effects were particularly pronounced among poor, unmarried adolescent mothers: only 4% of the mothers receiving home visitation abused or neglected their children within the first two years, compared to 21% of mothers in the control group.

Program Examples

> *The* Kansas Healthy Start Home Visitor Program *provides home visits to families with newborns, in 28 of the state's 105 counties. Emotionally mature, experienced and successful mothers from the local communities are hired to work as home visitors. Under the supervision of a local public health nurse, the visitors work with new parents in their homes to provide support, education, referral, and resource linkage; they address a wide range of issues, such as babies' development and needs, nutrition, parenting skills and basic health care concerns. Home visitors are also in a position to make sensitive observations of the family and initiate referrals for additional health, mental health and social services which may be needed.*
>
> *The Healthy Start program is available to all families, regardless of socioeconomic, ethnic or other status. Program staff report that parent feedback about the program has shown "overwhelming support".*

Referrals for community services have increased substantially in communities with the Healthy Start program, connecting more families with nutrition programs, family planning, immunizations, food stamps, etc. Costs for the program are low -- averaging $25.00 for each family contacted -- and communities have found a variety of resources to augment initial state funding (such as the state's Children's Trust Fund, local volunteer organizations and county governments). (Barquest and Martin, n.d.)

The Perinatal Positive Parenting Program, *developed by Robert Boger and his associates at Michigan State University, uses volunteers to provide parent-to-parent support to new parents during the perinatal period. Experienced parents are recruited as volunteers, and are provided 24 hours of training in preparation for their role as supportive home visitors. The volunteers contact new parents in the hospital, and maintain regular telephone and home visit contact with the parent for the first three months post-partum. Peer parent support groups, initially organized and facilitated by the volunteer during the 3rd to 5th week post-partum, eventually replace the volunteer as a source of support for the parents, and provide a forum for discussing parenting topics and concerns.*

A primary goal of the Perinatal Positive Parenting Program is to provide a supportive relationship for new parents; volunteers also help new parents by providing information about child growth and development, modeling parenting skills, and introducing parents to other community resources. The Perinatal Positive Parenting model has recently been expanded to address the problems of special populations, including adolescent mothers and parents with developmentally disabled or premature infants. Evaluation of the program found that mothers randomly assigned to participate in the program scored higher than matched controls on several measures of positive maternal behavior. (Boger, 1982, 1986)

Support Programs for Parents of Special Needs Children

When new parents or children experience particular difficulties at or following birth, special support and assistance may be necessary to prevent stress and parent-child disruptions which can lead to abuse. Mothers undergoing a cesarean section, parents of premature or low birthweight babies, parents of special, handicapped or seriously ill children may struggle with feelings of inadequacy, guilt or disappointment. Separation of the parent(s) and newborn may interfere with early bonding and attachment, and newborns and infants with special problems may manifest behaviors which make them more difficult to care for. The exceptional stress of caring for a sick or special newborn may increase the risk of abuse and neglect. Special programs to provide support, assistance and training to parents of children with unusual problems may alleviate difficulties which can lead to abuse and neglect. (Wilson, 1980)

Perinatal programs providing special support to parents facing the stress of birth or neonatal problems should educate and train parents about the special needs of their children. Hospital facilities, care and routines which encourage maximum visiting by parents of premature or sick infants, and involve them in caretaking and nurturing roles, can promote critical early bonding and attachment. (Schmitt, 1980)

Professionals working with the family can help parents cope with feelings of disappointment, anger and guilt which may accompany the birth of a premature or sick infant. (Klaus and Kennell, 1976) In addition, self-help groups can play an important role in helping parents cope with the emotional impact and special demands of a sick or "special" child. Parents who face the demands of a special infant without adequate social support networks appear to be particularly vulnerable for abuse and neglect. (Hunter et al., 1978) Peer support from parents facing similar stresses, and exchanges with parents who have successfully learned to cope with the special needs of their children, can provide a critical adjunct to professional help. Self-help groups have been organized for parents of children with many special health and developmental needs, including prematurity, developmental disabilities, physical handicaps and chronic illnesses. In several surveys, parents involved in self-help groups -- organized around childhood conditions such as mental retardation, cerebral palsy, cystic fibrosis and emotional disturbances -- have reported feeling better informed and more knowledgeable about their children's conditions and special needs, and more socially connected and supported in coping with their children's needs. (Borman, n.d.)

We must stop focusing our attention on the individual patient or client, and lift our eyes, shift our focus to the family, the neighborhood, the community.

George Albee,
in *Canada's Mental Health*, 1979

CHAPTER 8

COMMUNITY-BASED PREVENTION

Proposals to prevent child abuse and neglect often focus on the role which the formal "helping" professions, such as medicine and social work, can play in supporting and strengthening families. On a day-to-day basis, however, it is often informal sources of support and assistance -- friends and relatives, neighborhood and community groups -- which help families cope successfully with stressful life events, and prevent family dysfunctions which can lead to abuse. Identifying, strengthening and involving these informal and community resources may be a crucial step in preventing child abuse and neglect.

The supportive networks surrounding families include many diverse individuals and institutions. For many, extended family members, relatives, neighbors and friends are key informal supports. Families also rely on organizations which provide social and recreational opportunities, such as Boys and Girls Clubs, scouting troops, and local YMCA/YWCA's; community-based, grassroots service agencies such as family day care providers, community centers, food banks, emergency assistance programs and shelters; organized self-help, support and mutual assistance groups. They interface with a vast array of service and fraternal organizations, advocacy groups, ethnic, cultural and religious organizations.

The varied composition of the community sector suggests equally varied strategies for involvement in child abuse prevention. Individuals, neighborhood groups, local service agencies, social and recreational groups can provide on-going informal support to families, become sensitive to signs of trouble within families, and help them to seek out additional assistance *before* those troubles escalate to child abuse and neglect. Community-based groups and organizations also provide formal support, education and concrete assistance which reduces stress on families, and increases their coping resources. Community groups have used media, public awareness and education campaigns to reach out to families, and to help alter fundamental cultural perceptions and values which permit the continued abuse, neglect and exploitation of children.

A number of specific community-based initiatives have been proposed or developed to help strengthen families and prevent child maltreatment. Initiatives include:

- **Self-help and Mutual Aid Groups**, to provide non-judgmental support and assistance to troubled families;
- **Strengthening Natural Support Networks**, to provide families with a supportive network of informal "helpers" and community resources;
- **Child Care Programs**, to reduce the stress of employed parents, and provide positive modeling and contact for parents and children;
- **Programs for Children in Self Care**, to reduce the emotional and physical risks which "latchkey" children may face;
- **Public Education and Media Campaigns**, to increase public knowledge and awareness about important issues in the prevention of child abuse and neglect.

In addition, the problems of family poverty and its consequences for children are of critical concern in community efforts to strengthen families.

Self-Help and Mutual Aid Groups

The last 40 years have witnessed a surge of interest in self-help/mutual aid groups -- voluntary organizations which bring together people sharing similar concerns or problems in health, mental health or daily living. An estimated one-half million self-help groups now exist to address personal growth, a variety of problems and addictions, social advocacy, alternative patterns of living and other issues. (Borman, 1976)

Many experts in the field of child abuse and neglect have also identified self-help groups as particularly important prevention strategies. Abusive and neglectful families are frequently characterized by isolation, and exceptional levels of family problems and stress; participation in self-help groups can help families build supportive networks, and provide specific and concrete assistance with various family problems. (Borman and Lieber, 1984) The confidential nature and "non-official" status of self-help groups may encourage participation by troubled families who would otherwise avoid, or actively resist, traditional intervention and assistance. (Center for Governmental Research, 1981)

Self-help groups can help parents confront and cope with problems which, if uncontrolled, may contribute to child maltreatment. Self-help groups are well established, for example, as an effective approach to alcoholism and drug addiction (e.g., Alcoholics Anonymous). Groups for parents of handicapped, disabled and chronically ill children provide information and support for parents who may feel overburdened, isolated and depressed by their children's special needs (e.g., Association for Children with Learning Disabilities, Association for Retarded Citizens). Self-help and mutual

aid groups have been organized to confront specific problems encountered by parents (e.g., Tough Love for parents of troubled adolescents), and to provide more generalized support and information for all parents (e.g., LaLeche League).

Developing an expanded network of self-help resources, and linking families to appropriate groups, is an important component of child abuse prevention efforts. As Borman and Lieber (1984) note:

> The role that self-help groups have played in this country for the past several decades deserves to be reconsidered. Rather than keeping such organizations at the fringe of service delivery, it might be advisable to allow self-help groups to share a greater responsibility for providing services. Large numbers of self-help groups have successfully provided their members with nurturing support and therapeutic tools to deal with various problems . . . At this point in history, all families must be regarded as being in jeopardy, needing mutual support and protection.

Two specific self-help groups have received particular attention as child abuse prevention strategies: Parents Anonymous, for parents at risk of maltreating their children, and abuse survivor groups for adolescent and adult victims of maltreatment.

Parents Anonymous

Parents Anonymous (PA) is a specialized self-help program for parents who consider themselves at risk for abusing or neglecting their children. The first chapter was founded in 1970; the network of PA chapters now numbers more than 1,500 worldwide. (Borman and Lieber, 1984) A groups address many of the problems associated with child abuse, including parents' lack of self-esteem, social isolation, inadequate knowledge of child development and child rearing methods, and unrealistic expectations of children. (Mohamoud, 1984) They provide a safe, non-threatening and non-judgmental alternative for parents who may avoid or actively resist contacts with traditional social services.

The co-founder of PA, Leonard Lieber, describes the organization as "a nurturing and teaching therapeutic service operated by the consumer, at no charge to him, as a means to reduce and prevent further child abuse within the family setting." (Lieber, 1984) Local PA groups meet weekly, with a volunteer professional, or "sponsor" who serves as a facilitator, resource and consultant to the group. Peer and professional counseling techniques are used to help parents gain insight and control over destructive behaviors which can lead to family violence. PA groups provide an opportunity for parents to build social contacts, discuss immediate family problems and crises, and learn alternative approaches to family problem-solving through peer discussions, modeling and formal parent training materials.

Although evaluation of the Parents Anonymous approach is still very limited, some initial findings are encouraging. A study of 11 child abuse

treatment demonstration projects found that services which included a "lay treatment" component (parent aides or Parents Anonymous) were more effective in reducing parents' propensity to reabuse their children than services using either a group counseling or traditional social work model alone. (Cohn, 1979) A study by the Center for Governmental Research found that PA groups provide an alternative for parents who are not served by traditional social service agencies, such as protective services. In reporting the results of their survey of 139 PA families, they suggest: "The self-reported incidence of child abuse undeniably indicates that nearly all the respondents need Parents Anonymous services . . . The results reliably indicate that at least half the respondents would avoid seeking help altogether rather than face punitive action or involvement with 'official' agencies." (Center For Governmental Research, 1981) Survey results from an evaluation conducted by Behavior Research Associates found that parents participating in PA groups significantly decreased the frequency of their physically abusive behaviors, and increased their feelings of self-esteem, social contacts and knowledge of child behavior and development. (Behavior Associates, 1976)

Abuse Survivor Groups

For many victims, the consequences of child abuse are lasting -- as the visible scars of physical injuries, or as the invisible scars of emotional and physical trauma. As described earlier, follow-up and retrospective studies of abuse survivors have revealed substantial emotional, psychological and behavioral consequences. Unaddressed, these problems may lead to a repetition of abuse in another generation of children. Perpetrators of family violence against children and spouses, often share a history of violence in their own childhoods; sexual offenders, particularly child molesters, are often survivors of childhood abuse and exploitation.

Self-help groups have been organized to help adolescents and adults confront and cope with the aftermath of physical abuse, neglect, emotional maltreatment and/or sexual abuse in their childhoods. By helping survivors resolve the emotional issues associated with their abuse, such groups hold real promise for breaking the intergenerational cycle of child maltreatment.

Abuse Survivor groups provide no-cost, confidential support and assistance. They are designed to help members deal with their own problems, isolation and concerns as abuse survivors, and to prevent the repetition of abuse patterns as they themselves become parents. As one member of Adults Molested As Children United (AMACU), a support group for incest survivors, described her experience with the group:

> It was what I had been looking for 18 years. I had spent those years trying desperately to forget that I had been molested as a child, trying to stop feeling somehow "different" from my peers. For 18 years I had felt betrayed, guilty, angry, frustrated and totally alone. At last I was encouraged to face the feelings I had carried inside me for so long . . . My father was abused as a child, and I think he would not have molested me if he had

received help in dealing with his own molestation. The treatment of adults molested as children is also helping to prevent future child sexual abuse. AMACU is that ounce of prevention that can prevent the need for "pounds and pounds" of cure. (NCPCA, n.d.)

Program Examples

The Formerly Abused Children Emerging in Society (FACES) *self-help group was organized in Manchester, Connecticut to serve as a "positive, nurturing surrogate family" for adults physically, sexually or emotionally abused as children. The FACES group has received support from a variety of community organizations: the local hospital sponsors the group, and provides a coordinator and clinical supervision for the program; the hospital auxiliary recruits volunteers and provides necessary funding for supplies and training; a nearby community college provides meeting space in a pleasant, positive campus atmosphere. Weekly meetings, facilitated by volunteer professionals, help members confront current personal issues and understand those issues in relation to the past. FACES protects the critical anonymity and confidentiality of participants, and uses a variety of group techniques to address common problems of participants, such as feelings of isolation, impaired ability to trust and low self-esteem. (Bonney and Rowe, n.d.)*

In 1978, the Boys Town Center in Nebraska developed and piloted a structured youth self-help program for abused adolescents. Youth Helping Youth *is a six week program of group meetings, to help adolescent survivors recognize and discuss the anger, hurt and confusion associated with their abuse, and to help them build self esteem, interpersonal and social skills. The six 90-minute sessions are designed to provide a supportive atmosphere in which adolescents can learn to better understand their own feeling, improve their self-concept and manage interpersonal relationships and conflict. The program developers stress the importance of bringing abused adolescents together as a group, "To begin discussing, sharing and dealing with their feelings of anger and hurt. Some of these adolescents believe abuse in families is 'normal'; others think their experience is unique and feel isolated and alone. In a group, they [can] both meet other abused youth and learn that maltreatment is not common to all families." (Lonnborg et al., 1981)*

Natural Support Networks

Natural helping networks are the informal sources of support which surround families and individuals -- neighbors, family members, relatives, friends, community and neighborhood groups. Isolation from adequate support networks is often a critical element in child abuse and neglect, and a key target of preventive efforts.

Empirical studies have clearly associated abuse with isolation from typical channels for support. A number of studies have found that maltreating parents have significantly fewer connections with supportive personal

relationships (including partners, family or friends and neighbors), and with formal community organizations (such as churches and social agencies). (Howze and Kotch, 1984) The relationships they do have, both in childhood and as adults, may lack intimacy and support. A recent study comparing neglectful mothers and matched controls from similar neighborhoods suggests that, while the maltreating mothers might live in an ecology which is "objectively" as supportive as non-abusing parents, their connections to available supports were far fewer. "According to characteristics of and judgments by their neighbors, women involved in child neglect were not living in socially impoverished environments . . . But the neglectful mothers, themselves, painted a different picture. On average they viewed their locales as less friendly and less helpful; they had fewer people to approach for practical or emotional support; they lived lonelier lives." (Polansky et al., 1985)

Without the mediating influence of supportive networks, stress within the family can increase the risk of child maltreatment. As James Garbarino notes: "It is the *unmanageability* of the stress which is the most important factor (in abuse), and unmanageability is a product of a mismatch between the level of stress and the availability and potency of support systems." (Garbarino, 1977)

Various initiatives to strengthen families' natural support networks have been proposed as strategies for decreasing social isolation and the potential for child abuse and neglect.

Some observers have suggested broad changes in programs and policies for professional social service intervention with families, to better recognize and facilitate the role of natural support networks. Proposals include efforts to increase the role of professionals as brokers who help build linkages between families and natural support systems; measures to increase the sensitivity of professionals to family and community diversity in delivering services; and policies which give greater attention to enabling families to choose and access natural sources of support. (Kinch, 1979)

Other proposals have focused on strategies for enhancing the supportive role of natural helpers in the community. Catherine Ross and Edward Zigler (1980) suggest:

> It seems crucial to reeducate the 'gatekeeper' figures in each community -- clergy, teachers, and child care workers, doctors, and social service personnel -- so that they will offer guidance and support instead of negative judgement alone to troubled parents. . . Friends, neighbors and community leaders should assist families experiencing stress or difficulties to seek help before child abuse joins the list of their problems.

Direct interventions to recruit, enhance and expand natural helping networks have also been proposed. In the context of an "ecological" model of child maltreatment, for example, Howze and Kotch (1984) suggest that there are two opportunities for intervention with families at risk for child maltreatment: interventions to prevent life events from becoming stressful, or

efforts to strengthen support systems which help families cope successfully with stress. They recommend:

> It may not be realistic to expect social agencies to influence the occurrence of life events or to affect the many everyday problems that confront families . . . On the other hand, a viable strategy could be identifying and bolstering the family and social support systems which exist, or potentially exist in all communities. The first step is obviously to identify what these systems are but then to go on to provide the links between families at risk of abuse and neglect and the networks, organizations, or services which can mitigate the effects of untoward events. These might be religious or fraternal organizations, volunteer agencies, or extended family members depending upon the community.

An even more direct form of intervention might be to include informal helpers in the existing treatment team for troubled families. In the study of social supports available to families considered at risk for abuse or neglect, Ballew (1985) found that the majority of families could identify at least one relative, friend or neighbor who functioned as a "natural helper". He suggests including these natural helpers in the teams of professionals and paraprofessionals which work with at risk families, and providing information, encouragement and, when necessary, mediation to enhance their helping role.

Child Care

Demographic studies indicate that the number of parents working outside the home has increased tremendously in recent years, and the number of working parents will continue to increase over the next decades. Quality child care, already in short supply, will continue to be a critical need for families in which a single parent or both parents work outside the home. In 1984, nearly 60% of women with children aged 3 to 5, and 50% of those with children under 3, were employed outside the home. (Newberger et al., 1986) Some estimates suggest that there are now 6.4 million children under six whose mothers work outside the home, and the number may rise to 10.4 million by 1990. (Friedman et al., 1984)

The availability of quality, safe child care is a critical component of healthy functioning for many families. For some, it may be an important component of child abuse prevention. Although research is still inconclusive about the effects of child care on children and their parents, preliminary studies suggest that children in high quality child care settings do as well as, or better than, their peers on measures of development and social adjustment, and that parents (primarily mothers) who work outside the home may score higher on measures of satisfaction and positive mother-child interactions. (Gray, 1983) Existing research suggests, but does not answer, other important questions about the effects of different child care variables -- such as the quality of care, the age of the child, parents' attitudes toward working outside the home and satisfaction with child care arrangements.

While there is still no direct research into the questions of child care and child abuse, knowledge about the etiology of abuse does suggest several associated factors which may be affected by the availability (or non-availability) of quality child care -- including stress, poverty, social isolation and lack of parenting skills and knowledge. (Gray, 1983) A recent publication by the National Committee for Prevention of Child Abuse (Friedman et al., 1984) suggests several specific ways in which child care can contribute to the prevention of child abuse and neglect:

- Adequate, affordable and quality child care can reduce stress for parents by assuring them that their children are safe and well cared for;
- Child care services can reduce parents' isolation by providing opportunities for involvement with children's other caregivers;
- Trained caregivers can provide education and modeling for parents regarding children's development, realistic expectations and childrearing and discipline skills;
- Quality child care can provide a positive, nurturing and stimulating experience for children who may lack such experiences in their own homes;
- Trained caregivers can help identify children and families at risk for dysfunctions and maltreatment;
- Child care settings can provide children opportunities to learn social, coping and self-protection skills which can help protect them from maltreatment.

There are many difficult issues to be addressed in the field of child care. Questions of availability, quality and cost, and training and adequate salaries for professional caregivers, must be resolved. In addition, several child care issues have received specific attention in the field of child abuse prevention. These include care for children with handicapping conditions and other special needs; training for caregivers and children in abuse prevention; crisis and respite child care for parents facing unusual stress; and therapeutic child care opportunities for abused and neglected children. (Friedman, 1984)

Programs for Children in Self-Care

Children who are in self-care for part of the day, so called "latchkey children", are a focus of particular concern for child abuse prevention. As more women join the workforce, a growing number of children are on their own for part of the day. Although determining the actual number of children in self-care is difficult, some observers suggest as many as 50% of children under 14 are in self-care; even a more conservative estimate of 25% of children between the ages of 6 and 14 suggests that as many as 6 to 7 million children may be in self-care for a significant portion of each day. (Coolsen et al., 1985)

Along with uncertain knowledge about numbers, there is no clear consensus as to the potential problems of latchkey children. Recent studies of latchkey children have reached different conclusions about the lasting emotional and developmental impact of self-care for children. Some experts suggest that self-care may not be harmful for most children, and may, in fact, provide opportunities for growth and increased responsibility. Others suggest that the risks of self-care outweigh the benefits for many children. (Fink and Mark, 1986)

Recent research has provided some information about the specific risks which children in self-care may face. There is evidence that many children in self-care suffer emotionally from feelings of fear and isolation, and may be at greater risk for physical assault or sexual victimization. (Gray, 1986) A number of intervening factors -- such as the age and maturity of the child, the length of time in self-care and the environment in the child's immediate neighborhood or community -- affect the relative safety or risk of self-care. (Coolsen, 1985)

One component of child abuse prevention activity has been the development and promotion of programs which help protect children from the potential risks of self-care. Programs which provide supervision or emergency help to children on their own can reduce the direct risks of physical or emotional harm to children. Programs which help families make informed and responsible decisions about self-care arrangements can also help reduce one important source of worry for parents working outside the home.

A number of approaches have been developed to help minimize the potential harm and risk of abuse for children in self-care:

- **Supervised programs** for school-aged children are offered by many community organizations. Some child care programs and community centers offer on-site care for older children; public schools in some communities are offering extended day programs of before- and after-school activities; some employers sponsor after-school and summer programs for their employees' school-aged children.

- **Community help lines** provide support, information and assistance to children in self-care. Volunteer phone counselors provide emotional support to children who are at home alone, help in emergencies, and a source of information and reassurance for children on their own.

- **Neighborhood check-in systems,** at local child care centers or through neighborhood volunteers, provide some degree of adult supervision for children in self-care and a place for children to go in emergencies.

- **Education programs** for children and their parents help families decide how to approach self-care, and help prepare children to take care of themselves when they are home alone. A number of curricula have been developed and implemented to teach children self-care and survival skills; programs are provided at schools, community sites and workplaces. While varied in content and approach, they commonly deal with topics

such as decision-making, problem solving, personal safety skills, emergency procedures, and children's feelings and self-esteem.

Few of the new programs for children in self-care have received careful evaluation to determine their impact on children's actual or perceived safety. One series of evaluations, of the "I'm in Charge" curriculum developed by the Kansas Committee for Prevention of Child Abuse, has found positive effects for both parents and children. The "I'm in Charge" program is designed to help families reach decisions about self-care and to enhance communication between parents and children concerning self-care arrangements. In an initial pilot, the course was tested with 140 children and their parents; evaluation (using reports from parents and children) found increases in the number and clarity of self-care rules, parents' sensitivity to the needs and feelings of their children, children's knowledge and skills in personal safety, and family communication around self-care issues. In a subsequent evaluation which replicated the project in 8 sites serving 925 children, pre- and post-test measures found significant increases in family communication and agreement on self-care issues, and in children's feelings of confidence and personal safety. (Gray, 1986)

Program Examples

The Brookline After School Special *program, in Massachusetts, provides supervised after-school care and special programming for children in grades four through eight. The community-based program is organized and run by parents, in cooperation with local schools and the Brookline School Committee. The program provides transportation, and safe, socially enriching and educational experience for school-aged children. Activities include both unstructured time for socializing, homework and rest, and special programs in sports, arts, dramatics and other areas. Programs are supported by parent fees, social services funding and in-kind donations. (Brookline After School, n.d.)*

The Children Home Alone Telephone Reassurance Service, or CHATTERS, *in Houston, Texas makes telephone counselors available from 2-6 p.m. weekdays to "assist children with problems or emergencies . . . or simply to be an adult friend that children can talk to when they feel lonely or afraid." The program also provides training sessions and a monthly newsletter for participating children. (Neighborhood Centers, n.d.). In Elk Grove Village, Illinois,* Talk Line/Kids Line *provides a 24-hour help line for children age thirteen and under. The program seeks to create a helping network to provide direction, guidance, support and information for children at home without adult supervision. (Coolsen et al., 1985)*

The Balancing Work and Family Project *(sponsored by the National Committee for Prevention of Child Abuse) has replicated the* I'm In Charge *self-care training curriculum in several states. The program uses trained community volunteers to deliver a five-session course for children and their parents; it has been implemented in a variety of*

community settings, including schools, churches and workplaces. The program is designed to help parents and children choose appropriate supervised or self-care arrangements for school-aged children, negotiate rules and develop safety and survival skills. The sessions use instruction, discussion and role playing to address topics such as the benefits and risks of self-care, alternatives for care, safety and emergency skills for children on their own, and family communication and planning around child care issues. (Gray, 1986)

Public Education and Awareness

Many observers have noted the critical role of cultural values in the perpetuation of child maltreatment. Culturally reinforced values which minimize children's rights, justify the use of force against children or permit inappropriate "sexualization" of children, may create the necessary preconditions for the abuse of children in family and institutional settings. Unrealistic expectations of parents, and negative connotations associated with seeking help, may isolate parents from important sources of help in protecting children from maltreatment.

Public education campaigns, using a variety of media to convey essential messages about child maltreatment and prevention, have been important components in community prevention efforts. To date, most public awareness efforts have concentrated on messages to parents and children about the problem of abuse and resources they can turn to for help.

The National Committee for Prevention of Child Abuse has developed an extensive media campaign directed at parents, emphasizing two complementary messages: "The first is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role, and that it is all right to reach out for help. The second purpose is to provide parents with information about where to turn for help, particularly how to get in touch with local crisis care services." (Cohn, 1983)

Public education in the area of sexual abuse has focussed on the similar goals of communicating to adults that sexual exploitation of children is wrong and harmful, and communicating to children that it is alright to "say no" and reach out for help. (Cohn, 1986) The Massachusetts Committee for Children and Youth, for example, has produced a series of television spots which educate parents about child sexual abuse and direct them to additional resources for teaching prevention skills to their children. The public services announcements, titled "Jenny's Abuse," are built around the message: "Teach your kid about sexual abuse before somebody else tries to."

A more recent line of exploration has been the development of specific messages aimed directly at the sexual offender, to encourage him to reach out for help before his abusive behavior is repeated (for example, the 1987 NCPCA publication "You Don't Have to Molest That Child"). The fact that most sexual offenders report that their first abusive act occurred during adolescence suggests that prevention efforts which target young, high risk adolescents hold the greatest promise. Jon Conte suggests: "There are also

some people out there who are at risk of becoming offenders . . . Some of those people, if we catch them early enough, if we get them at the instant they are aware of their first thought of having sex with a child, or if we could get them after the first time they had done it and provide some kind of meaningful intervention, there would be a lot of kids who wouldn't be victimized further." (National Family Life, 1987)

Corporal Punishment and Interpersonal Violence

James Garbarino (1977) suggests cultural acceptance of violence is a necessary condition for child maltreatment: "For child abuse to occur within the family microsystems there must be cultural justification for the use of force against children."

The physical punishment of children, by parents and child-serving institutions, is a particularly potent mechanism through which values about violence against children are expressed and reinforced. Most Americans still consider it morally correct to hit a child who misbehaves; as the survey findings discussed in Chapter 1 suggest, physical punishment of children is the rule, rather than the exception in American homes: 62% of parents surveyed reported hitting, slapping, spanking or other more severe forms of violence against their children in the preceding year. (Straus and Gelles, 1986)

A growing body of research and theory points to the fact that corporal punishment of children is both ineffective and dangerous to children's healthy development. Because physical punishment does not help children develop the inner controls which are a necessary part of maturation, it is typically effective only temporarily in suppressing undesirable behaviors. (American Psychological Association, 1975) At the same time, it conveys other powerful and negative messages to the child. It diminishes the value of the child by allowing behavior which would constitute criminal assault and battery if perpetrated against an adult. (Valusek, 1981) It lowers children's self-esteem and capacity to trust the individuals to whom they look for love and guidance. (Friedman and Friedman, 1979) It legitimatizes the use of violence and aggression in resolving conflicts and may contribute to children's use of similar violence in adolescence and adulthood. (Society for Adolescent Medicine, 1980) And, for too many children, physical punishment inflicted by an angry and frustrated adult is more severe than intended and results in serious physical injury. (Wessel, 1980)

A sustained campaign to eliminate corporal punishment of children in American homes will be necessary to change widespread values about "acceptable" physical violence against children. As Gelles and Straus (1986) state, in commenting on their findings about changes in the rate of physical violence against children: "The longer an aspect of violence has been the object of public condemnation, and the more resources that are put into the effort to change that aspect of violence, the greater the reduction in objectional behavior."

Some institutional progress in this area is encouraging, and points to directions for the future. In Sweden, a ban on all corporal punishment of

children (known popularly as the "anti-spanking law") was overwhelmingly approved in 1979. In the U.S., several national organizations have adopted resolutions opposing the use of corporal punishment in public and private settings where children are cared for or educated. On the level of individual families, some parent training programs have been effective in reducing parents' belief and use of corporal punishment as a discipline alternative. (e.g., Bavolek, 1984, 1986)

John Valusek (1974) has proposed an energetic national campaign to change attitudes and values about hitting children:

> The means for bringing about a significant reduction in violence is already within our grasp. It can be accomplished by creating and developing a new national ethic which is simply stated as a two-fold proposition: People Are Not for Hitting and Children are People, Too. But, in order to bring this ethic into national awareness, we need to mount a massive national campaign which will reach into every level of our society.

Sexual Values and Sexual Abuse

Sexual maltreatment of children may also be deeply imbedded in our societal values about power, sexuality and children. Some theorists point to the possible contributing role which widespread cultural values may play in the sexual exploitation of children -- for example, the socialization of men to seek strong confirmation of their adequacy through sexual relationships, and through the selection of sexual partners who are younger, smaller and more dependent. (Finkelhor, 1984) More generally, sexual abuse of children may be "allowed" by the *lack* of "strongly voiced taboos in our society saying it is *not* ok to molest kids." (Cohn, 1986)

Inappropriate "sexualization" of children is most obviously reinforced through widespread use of children in popular pornography. One study found that as many as one-quarter to one-third of book titles in pornography stores refer to incestuous sex or sex with underage children. (Finkelhor, 1984) More subtle use of children in sexual portrayals is common in popular media and advertising. Newberger and Newberger (n.d.) describe:

> Children are quite legitimately exploited for sexual purposes in many contexts. In advertising, for example, a preadolescent Brooke Shields wears tight blue jeans, and a sultry little girl wearing lipstick, thick eyeshadow, and a suggestion of nothing else bears the legend, "Would you believe I am only ten?" In an interview for Parade Magazine on March 8, 1981, Lizette Kattan, Fashion Director for the Italian Edition of Cosmopolitan and Harper's Bazaar explained her use of children as models. "It's very provocative to everyone . . . They are sexy, you know, without knowing it . . . And they are still children, so the sex is forbidden. And that's provocative, too, you know?"

The sexual abuse of children is a complex phenomenon, and cultural values about sexuality and children are likely to be only one of many contributing factors in its occurrence. Jon Conte suggests: "These factors may not explain an individual act of offending, but they may create a climate in which it's possible for that to take place." (National Family Life, 1987)

Messages reinforcing this climate are pervasive, from the entertainment media and advertising to the early socialization of children. The most realistic hope for changing the social and cultural environment -- and reinforcing values which do not allow the sexual exploitation and abuse of children -- is through equally broad-based efforts which engage citizens, community institutions and private media industries in a joint commitment to promoting healthy values about children.

Family Poverty

A disproportionate number of identified cases of child abuse and neglect occur among low-income families. While there is considerable debate about the extent to which this over-representation of low-income families is a bias in identification and reporting of maltreatment, there is evidence that economic deprivation does increase the risk of child abuse.

Poverty, and the attendant lack of adequate shelter, nutrition and health care, are a direct form of societal neglect of children's needs. In troubled families in which children are abused, poverty, unemployment and social isolation are often very significant sources of stress. (Newberger et al., 1986; Garbarino, 1977) As David Gil (1979) comments,

> Adults who use force toward children do not do so all the time, but only under specific circumstances which serve as triggers for their abusive behavior. In general, abusive attacks tend to be triggered by stress and frustration . . . One major source of stress and frustration for adults in our society is the multi-faceted deprivations of poverty and its correlates, high density in over-crowded, dilapidated, inadequately served neighborhoods, large numbers of children, especially in one-parent, mainly female-headed households, and the absence of child care alternatives.

Family poverty, and its consequences for children, is an enormous and complex problem; a full discussion of the issues is beyond the scope of this report. It is important to emphasize that child abuse is not exclusively a problem among low-income families. However, to the degree that poverty contributes to family stress, dysfunction and child maltreatment, programs which address income maintenance, housing, employment, nutrition, emergency assistance and training opportunities for low-income parents -- and which combat the fundamental causes of poverty and relieve its associated stresses on families -- are a critical part of efforts to protect children from maltreatment.

Here the bottom line is simple. Working parents are more than a special interest, pleading for privileges in a zero-sum game. Stronger families benefit the entire society. Raising children is not merely a series of private concerns but also a social imperative that should be supported by policies such as parental leave.

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CHAPTER 9

THE ROLE OF THE WORKPLACE IN STRENGTHENING FAMILIES

The composition and character of the American family have changed dramatically in recent years. Demographic, economic and cultural changes have converged to reshape the "typical" family: while the norm was once a two-parent family with a single wage earner, only a small minority of American children can now expect to spend their childhoods in a two-parent family with a full-time caretaker in the home. As more parents have entered the work force, the American workplace has come to play an increasingly important role in the health and functioning of families, and potentially, in the prevention of child abuse and neglect.

One of the most dramatic changes affecting families in the United States has been the "feminization" of the work force in recent years. As women have entered the labor force in growing numbers, the proportion of mothers working outside the home has skyrocketed. In 1947, only 1 out of 5 women with children under 18 were working outside the home; by 1980; almost 3 out of every 5 were in the labor force. (Coolsen, 1983) In 1984, nearly 50% of mothers with children under 3 years, 60% of mothers with 3 to 5 year old children, and almost 70% of mothers with school-aged children, were employed full-time outside the home. (Newberger et al., 1986) The growing number of women with children in the workforce has tremendous implications for families. The majority of children growing up in America today are growing up in homes where both parents, or the sole parent, are employed outside the home. (Coolsen, 1983)

As a growing percentage of parents begin working outside the home, by choice and/or necessity, there is a growing potential for employment and workplace policies to affect family functioning and child abuse. Socio-economic status is a strong correlate of child maltreatment, and child abuse rates go up during times of rising unemployment. (e.g. Krugman, 1986) For parents who are employed, characteristics of the job and workplace are important. For many families, balancing the dual roles of full-time parent and wage earner can create tremendous stress. A recent survey of 2,400

salaried employees at Honeywell, Inc. in Minneapolis, for example, revealed that more than one-third of the men, and 40% of the women, felt distracted by family matters while at work; about 40% of both men and women were distracted by work issues while at home; only one in five reported no significant family concerns. (Hagge, 1986) Preliminary results from a Boston study of work-family interactions among employees of a large corporation reveal that more than one-third of parent employees were worried always or most of the time about their children while at work. (Googins and Burden, cited in National Association of Social Workers, 1986) Stress is a potent contributor to child abuse. For some families, work-related stress -- from lack of adequate employment or the demands of balancing work and family responsibilities -- may contribute to breakdowns and abuse.

For all working parents, a supportive work environment can help ease the stress of their dual responsibilities to work and family; for some already vulnerable parents it may prevent family dysfunctions, breakdowns and abuse. By adopting supportive programs and policies for working parents, employers can play a significant role in child abuse prevention efforts. The National Committee for Prevention of Child Abuse, in identifying the workplace as a site for prevention efforts, suggests:

> [Supportive] policies and practices on the part of employers, workers and local communities can assist greatly in reducing the stress level of working parents and, in turn, can serve as a preventive buffer against later parenting problems like abuse and neglect . . . This focus on work and family is based on the premise that the two are mutually dependent. Just as today's family members are affected by what happens in the workplace, so is the workplace influenced by the special needs and resources that family members bring to their jobs. (Coolsen, 1983)

Several recent initiatives in workplace policies and programs support working parents in their dual roles of wage earner and parent. While they are not directly aimed at child abuse prevention, their potential for reducing stress and supporting healthy family functioning can contribute significantly to preventing family dysfunctions and violence. Family-focused initiatives for the workplace include:

- **Flexible Work Schedules and Benefits,** to help families balance the demands of their work and parental commitments;
- **Education and Support Programs,** offered at the worksite, to help parents better cope with the challenges of parenting;
- **Parental Leave Policies,** to reduce stress on new parents and help facilitate positive attachments between parents and their infants;
- **Employer Supported Child Care,** to help provide quality child care options for working parents;
- **Family Oriented Policies,** to support parents in their dual roles as parents and wage earners, by creating healthy and humane working

conditions and assuring adequate family income and equality in wages for women.

Flexible Working Schedules and Benefits

For many working parents, the scheduling of working hours has a significant impact on their ability to cope with family responsibilities. The standard, 40-hour work week was adopted during a time when most families were presumed to include a full-time wager earner and a full-time caretaker in the home. For many of today's families, in which either both or the sole caretakers work outside the home, alternative arrangements are important. Working parents may need to work fewer hours in order to fulfill other childcare and family responsibilities, or prefer to arrange working hours to accommodate the schedules of their children or partners, or need greater flexibility in their work schedules to attend to special or emergency family situations. A 1980 survey of working women, for example, found a clear preference for other than full-time employment: if they earned enough to live on, 41% of the women stated a preference for part- time work, compared to only 17% who preferred full-time employment; among women who held executive, managerial or professional positions, 51% preferred part-time work. (General Mills, 1981) Traditionally, however, workers seeking more flexible schedules through employment on other than a full-time, 40-hour per week basis have had to pay a substantial price in lower wages, fewer benefits, less job security and fewer opportunities for advancement.

Greater flexibility in working schedules and job arrangements may help parents cope with their dual work and family responsibilities. By adapting work arrangements to the special needs of parents, employers can help support healthy families and minimize stress which can contribute to dysfunctions and abuse.

Several workplace initiatives have addressed the needs of working parents for greater flexibility in working hours and schedules. Some of the most common include: (from Coolsen, 1983)

- **Flextime** which allows flexible scheduling of work hours and gives employees options in determining arrival and departure times within a standard, full-time work schedule;

- **Permanent Part-time Work**, which allows part-time employment opportunities with full, or pro-rated benefits comparable to those available for a full-time position;

- **Job Sharing**, which provides part-time employment opportunities by dividing the responsibilities, salary and benefits of a single position between two individuals.

Other workplace policies can help working parents by recognizing their special needs for flexibility and time to attend to family responsibilities; common issues include: (from U.S. Department of Labor, 1982)

- **Telephone Access** for parents to make routine contact with children at home alone, or to receive calls from children or children's caretakers, can help reduce parent's concern and anxiety about their children's well-being during the workday.

- **Family Time Off**, to allow parents to take care of family concerns, such as parent-teacher conferences, or to attend special events, can help parents participate more fully in their children's lives without undue conflicts with work schedules.

- **Sick Child Leave**, which allows parents to take a day off to care for a sick child, can help parents meet their dual caretaking and workplace responsibilities with a minimum of conflict.

Flexible Benefits Packages, sometimes called the "cafeteria approach" to benefits, allow employees to choose between various benefit options. Using this flexible approach, employers are able to provide benefits, such as child care, which are appropriate for less than the majority of their workforce. For the working parent, flexible benefit packages provide an opportunity to tailor benefits to particular family needs as they change over time. Single parents with young children, for example, might choose additional days off or child care benefits for their package; parents with older children might select extended health or dental insurance coverage, or participation in an employee stock option plan.

Education and Support Programs

Workplaces can provide opportunities for education, training and support programs to help parents cope with the challenges of parenting, and to encourage positive family functioning. Inadequate knowledge and skills, social isolation, and feelings of uncertainty or inadequacy in the role of parent are frequent correlates of child abuse and neglect; specialized support and training can help build parents' skills, confidence and coping abilities, and reduce the likelihood of family problems which can lead to abuse.

Employers have made education and support programs available through a variety of options, including: (from Coolsen, 1983)

- **Noontime or Afterwork Seminars** are offered at some worksites, in conjunction with community professionals. Seminars and classes address common concerns of working parents, such as stress reduction, parent-child relations, and balancing work and family responsibilities.

- **Workplace Support Groups** have been organized at some work locations, for employees who share similar home and family issues. A few employers have helped organize specific task forces to address the special concerns of working parents, in the workplace and community.

- **Employee Assistance or Counseling Programs** are offered by some employers, to provide information, counseling, support and linkage with community resources. At a few worksites, community-based social

service and referral programs have been established to provide outreach and direct services to parents who might otherwise have difficulty locating and using community services.

Program Examples

The Family and Community Project provides counseling, education and support programs for employees of the BRK Electronic factory in Illinois through a unique partnership of public and private resources. The program is located in a trailer adjacent to the plant, and administered by the Ounce of Prevention Fund -- *a public/private partnership aimed at preventing family problems which can cause dysfunctions such as abuse and neglect. The location of the project provides quick and easy access to employees who may have difficulty finding other sources of support because of time or transportation constraints; the independent nature of the program assures confidential services to employees. The program provides a wide range of family support and prevention services, such as lunchtime speakers on issues affecting working women and mothers, individual counseling and referral to other social services, and high school equivalency classes. Project staff credit the program with helping build participants' self-esteem, and breaking down the isolation of families who are cut off from other resources in their community. (Ounce of Prevention Fund, n.d.; Appleman, 1984)*

The School Aged Child Care Project *in Massachusetts has developed a Workplace Seminar Curriculum for use at worksites with parents of school-aged children. The six-session course, designed to be presented during lunch hours, addresses the often difficult issues of balancing work and family responsibilities, and developing "self-care" arrangements for children during parents' working hours. Sessions explore issues of normal development for 5 to 12 year old children, potential conflicts between children's needs and the demands of a job or career, the opportunities and potential risks facing children in self-care, and a variety of options for school-aged childcare. The final session uses a family meeting role play to explore responsibilities and decision making for family members. (School Aged Child Care Project, 1986)*

Parental Leave Policies

The demographics of the modern workforce suggest the importance of policies to address childbirth leaves of absence. It is estimated that 80% of women in the work force are of childbearing age, and 93% of these women will become pregnant during their working lives. (Association of Junior Leagues, 1985) Despite these overwhelming numbers, the majority of working women are not presently covered by parental leave policies which provide paid leave during the weeks immediately following childbirth, and job guarantees following extended leaves. Shelia Kamerman notes:

> Unlike more than 100 other countries around the world, including some developing countries, the United States has no Federal law which gives working women the right to take a leave from work for a specified period of time at childbirth. Furthermore, the majority of working women in the United States are not guaranteed the same job or a comparable one on their return to work, nor is there a law that mandates some type of income replacement for women who are on leave." (Association of Junior Leagues, 1985)

Adequate parent leave can be an important component in strengthening families through the workplace, by helping to nurture the positive early relationship between parents and their infants, and minimize stress on new parents. At a recent conference, Edward Zigler identified several health and developmental reasons for providing adequate periods of parental leave following the birth of a new baby: " 1) It is better for the health of the mother. 2) Having a child is a major transition point for the whole family; providing leaves diminishes accompanying stress. 3) Home care is better for the health of the baby. 4) Bonding of the newborn and the mother occurs more readily." (Association of Junior Leagues, 1985) Research into the antecedents of child maltreatment suggest all these factors -- family stress, maternal and child health problems, and disruptions in the formation of early bonds or attachments -- can increase the risk that a child will be abused or neglected. (e.g. Hunter et al., 1975; Lynch, 1979) Leave policies which reduce these risks may contribute significantly to the reduction of child maltreatment.

Although there is still some debate about the best approach for instituting parental leave policies, some businesses are adopting family leave policies and legislative action has been taken in several arenas. Five states now require employers to provide short term, paid disability leave for pregnancy; additional legislation regarding paid and unpaid family leave is under consideration in several state legislatures and in Congress. (McCain, 1987)

Employer Supported Child Care

For many working parents, securing adequate child care can be a tremendous social and financial burden. With a rapidly growing percentage of parents working outside the home, there is a critical need for a full spectrum of child care arrangements, including daycare, before- and after-school care, sick child care and after-school "check in" programs for older children. Recent estimates suggest that there are now over 6 million children under six years of age whose mothers work outside the home, and the number may rise to over 10 million by 1990; there are at least 14 million school-aged children whose mothers are employed, and it is estimated that half of these children need some form of care before and after school. (Friedman et al., 1984) The supply of quality, affordable care has simply not kept pace with this dramatic increase in need.

Child care resources have been identified as an important component in child abuse prevention efforts. (Gray, 1983) High quality, affordable child

care can help strengthen families, reduce stress on working parents, and provide a safe and nurturing environment for children. In addition, trained child care workers can help provide information and modeling for parents in need of extra assistance with the tasks of childrearing. (Friedman et al., 1984) For older children, after-school and summer programs can help protect children from the potential risks of extended time in unsupervised self-care. From the perspective of the employer, child care has been shown to provide other significant benefits: advantages in recruiting and retaining good employees, lower turn over, reduced absenteeism, and improved morale and productivity among workers. (Neugebauer, n.d.)

Despite the growing need of employed parents for child care resources, employer provision of child care benefits remains the exception rather than the rule. It is estimated that fewer than 3,000 employers nationwide offer any form of child care assistance for their workforce; approximately 600 public or private employers now provide child care directly, either on or near the worksite.

Employers who have taken the lead in providing child care assistance have used a variety of models, including:

- **Resource and Referral Services,** to help connect families with child care resources already available in the community;
- **Voucher Systems,** through which the employer reimburses the employee for all or a portion of his/her child care expenses;
- **Employer-reserved Slots,** which set aside a number of pre-paid spaces in local child care facilities for use by company employees;
- **Family Satellite Programs,** through which employers help neighborhood families become licensed chid care providers for employees' children;
- **Single Business Child Care Centers,** developed by the business and located at or near the workplace;
- **Multiple Business Centers,** developed and operated jointly by two or more employers.

Other innovative programs sponsored by employers have included care for sick children, after-school and summer programs for school-aged children.

Program Examples

> *IBM, in cooperation with the Work/Family Directions firm of Boston, has recently developed a national resource and referral network for its many locations around the country. The* Child Care Referral Service *helps parents locate child care in their communities, educates parents to become better consumers of child care, and stimulates the supply of providers in communities. Agencies participating in the network are involved in a variety of community-level activities, which address*

particular local resources and needs for child care. In all communities, they provide referral assistance for IBM employees seeking child care. In a number of sites, they are also providing an important resource for the larger community -- for example, by playing a direct and active role in helping new providers get established, or sponsoring educational seminars and conferences for parents and providers.

Nationwide, the Child Care Resource Service network has helped to establish more than 5,200 new family day care homes and 360 day care centers. Surveys of parents who have made use of the service reveal high levels of satisfaction, with over 90% reporting that they would use the service again. (IBM, 1986)

The Stride Rite Corporation *of Massachusetts operates two child care centers at company worksites in Boston and Cambridge, enrolling 90 children from families of employees and the surrounding community. The* Children's Centers *offer child care year round, in a flexible 10 hour-per-day program, to accommodate the schedules of working parents. Stride Rite employees who use the child care center are charged on a sliding fee scale which amounts to approximately 14% of the employee's gross income; the fees for children from the community who are members of low-income families are partially subsidized by the Massachusetts Department of Social Services. The balance of program costs, approximately one half, are paid by the Stride Rite Corporation. The Corporation describes the Centers as a valuable investment for both the community and its corporate employees: "Child care is, undeniably, an important factor in recruiting and retaining quality personnel and in reducing absenteeism. In addition, when parents know that their children are safe and well-cared for, employee morale and work productivity are higher." (Stride-Rite, 1987)*

Employment Policies

Attention to specific workplace initiatives to increase options for working parents should not obscure more fundamental issues of working conditions which affect the healthy functioning of workers who are also parents.

Researchers have frequently noted a strong correlation between child maltreatment and unemployment. Studies of maltreating families have found high levels of unemployment among abusing parents; studies of incidence rates have revealed higher levels of verified abuse during times of higher unemployment. (Huber, 1983; Krugman, 1986) For example, a recent analysis of client data from the Child Protection Team at the University of Colorado University Hospital revealed a statistically significant correlation between cases of physical abuse and the state unemployment rate over a 15 year period. A review of a random sample of case records found that 49% of families referred to the team were unemployed. (Krugman, 1986)

The link between unemployment and child abuse suggests prevention policies which are aimed directly at the issue of employment, and policies and programs which are designed to provide increased assistance and support for unemployed parents and their families. (Coolsen, 1983; Huber, 1983) One relevant area of policy concern is the direct stimulation and creation of employment. The factors which may link unemployment and maltreatment -- such as increased psychological stress, lack of respite from childcare responsibilities, alcoholism and substance abuse -- suggest other important areas for preventive policies and programs. (Krugman, 1986)

Equally crucial to successful prevention efforts may be initiatives to assure adequate income for "working" families. Consistent evidence from child abuse research points to low socioeconomic status as a correlate of family stress and maltreatment. (Gelles, 1987) The changing American economy has resulted in frozen or declining real wages, and growing family poverty for many American workers; for women, in particular, persistent wage inequities leave many fully employed families living in poverty. "In 1983, the average single mother earned less than $10,000, and would have had to pay nearly one-third of her income, $3,000, to send her child to center-based child care. *If working wives and female heads of household were paid the wages of similarly qualified men, about half of the families now living in poverty would not be poor.*" (Newberger et al., 1986)

Other relevant employment policies concern the general working conditions which parents experience. As David Gil has suggested, excessive psychological stress, frustration and alienation in the workplace may find outlet in family violence. (Gil, 1979) This suggests the importance of addressing a broader spectrum of working and employment policies. Dana Friedman suggests:

> [A]ssertions that child care provision can solve a range of management problems may belittle or mask the importance of other work conditions. Child care cannot be an inoculation against a boring or lousy job. The children of employees who are underpaid, overworked or in unhealthy work environments may benefit more from other changes in work policies than provision of child care benefits."

These groups and individuals are asking for help. But I also believe that one thing they are not asking for is the negative approach that emphasizes pathology, or illness. They want confirmation of their own ability to care for their own.

Joseph Giordano,
in *Strengthening Families Through Informal Support Systems*, 1982

CHAPTER 10

TARGETING SOCIAL SERVICES ON PREVENTION

Social service agencies have long been at the forefront in dealing with the aftermath of child abuse and neglect. For many victims, childhood abuse is a prelude to immediate and long-term problems in psychological, emotional or social functioning. When the anxiety, depression, failed relationships, parent/child problems and emotional disturbances associated with abuse present themselves, social service professionals are the most frequently sought sources for help.

Increasingly, social service agencies and professionals are expanding their focus to include programs which *prevent* family problems from escalating into family breakdowns and violence. By developing and promoting family-focused support and education services, social service agencies are helping to create an infrastructure of community-based prevention resources. Many of these programs push beyond traditional professional boundaries to include new players, such as para-professional and lay helpers, and a multidisciplinary combination of services for families. Field tests of these new strategies are helping to refine our knowledge about how best to support and strengthen troubled families, and building community momentum for prevention.

The social service community can also play an important role in addressing issues of maltreatment in institutional settings which care for children. Currently, fewer than half of all states prohibit corporal punishment in foster care homes and group care facilities. In light of the fact that most children in these settings have already been victimized by abuse and severe physical punishment, it is particularly inappropriate and potentially harmful to allow continued physical punishment in their lives. Policies to prohibit corporal punishment in all custodial and treatment settings for children, and provision of training for foster parents and group care workers in non-violent discipline alternatives, are key steps toward preventing physical violence against children.

Particularly effective social service initiatives for strengthening families and preventing abuse include:

- **Parent Education,** to help parents develop adequate child rearing knowledge and skills;
- **Parent Aide Programs,** to provide a supportive, one-on-one relationship for parents who may be at risk for maltreating their children;
- **Crisis and Emergency Services,** to provide respite for parents and children at times of exceptional stress or crisis;
- **Treatment for Abused Children,** to address the psychosocial legacy of maltreatment and prevent an intergenerational repetition of family violence;
- **Comprehensive Prevention Programs,** to provide multidisciplinary services and support to families at risk for abuse or neglect.

In addition to programs aimed specifically at the issues of family dysfunctions and child maltreatment, observers have emphasized the importance of programs and policies which address related social problems. Programs for pregnant and parenting adolescents and treatment for alcohol and substance abuse treatment address problems which significantly increase the risk of child maltreatment. Program and policy initiatives in these areas may have a substantial indirect impact on the reduction of child abuse and neglect.

Parent Education

Inadequate social and parenting skills are important factors in much child abuse and neglect. Parents who maltreat their children frequently lack understanding of normal child development, have unrealistic expectations of their children, and/or lack knowledge about childrearing and discipline alternatives. (Cohn, 1983) A history of rejection, abuse and poor parenting during their own childhoods leaves many parents with inadequate or distorted models for rearing and disciplining their children, and can lead to a repetition of abuse or neglect. (Steele, 1968; 1980)

As a result of changing family and residence patterns, many families lack the extended family or neighborhood networks which once provided education, information and modeling for new parents. Formal parent education -- for those about to become parents and those who are parents -- has been frequently suggested as an abuse prevention strategy. Advocates suggest parent education can be an inexpensive primary prevention strategy, which avoids potential problems of targeting or labeling high-risk populations. (Ross and Zigler, 1980) The Education Commission for the States (1976) suggests:

> Parent education appears to be a promising strategy for a primary prevention attack on child abuse. It can be developed to reach a broad general population with special emphasis on any specified,

> high-risk population . . . Approaches can be developed to change knowledge, attitudes and behaviors related to both specific and general factors of child abuse . . . Parent education can be made available at a number of different points in human development. . . In addition, parent education can be targeted to the parent-child interaction system. It is this system that is being identified as a critical factor in the child-rearing process, with special implications for child abuse.

A variety of approaches to parent education have been developed as prevention strategies. Education and training are usually key components of home-based support programs, such as Home Health Visitor and Parent Aide programs (described elsewhere in this report). Various community groups, such as the YWCA and Planned Parenthood, provide general education, training and support for parents. More specific education programs, addressing issues directly related to abuse and neglect, have been developed for a variety of target groups. While there are substantial differences in approach, technique and specific content, most address several concepts which are considered critical in child maltreatment, including:

- Child development and children's capabilities
- Parents' expectations of their children
- Strategies for childrearing and non-violent discipline alternatives
- Strategies for managing anger and stress
- Parents' development, self-concept and self-esteem

Research about the effectiveness of formal parent education in changing parenting behaviors and preventing maltreatment has been mixed. Some research suggests that education may have only limited effectiveness in changing parental behaviors. Other studies provide more encouraging results, suggesting that parent education can have a significant impact on attitudes associated with abuse and neglect. (Cohn, 1983)

One evaluation of eleven abuse prevention demonstration projects found evidence that education was particularly effective in changing abuse-related attitudes when provided in the context of a supportive individual relationship. The researchers comment:

> [E]ducation can be effective in altering parenting attitudes. In the perinatal hospital environment, the post-partum home environment, and didactic group setting, attitudes known to be associated with child abuse and neglect were lessened. It is essential to realize, however, that in every case this education was dispensed within a supportive relationship, and in most cases it was a one-to-one relationship. (Gray, n.d.)

Evaluations of specific parent education curricula have found significant changes in abuse-related knowledge and attitudes among participating parents.

For example, field tests of the "Nurturing Program," developed by Bavolek and Comstock, found significant changes in the knowledge, awareness and family dynamics of abusive families who participated in the 15-week education program.

> Statistically significant pre-post test results indicated that abusive parents learned and used alternatives to corporal punishment, such as praise and time-out; demonstrated empathy towards their children's needs; increased their own self-awareness and self-concept as men and women; and learned age appropriate expectations of their children . . . Families demonstrated a significant increase in cohesion, communication and organization, while showing a significant decrease in family conflict.

In a year-long follow-up study of the participating families, only 7% were reported for additional acts of child abuse. In a field test with families enrolled in the Head Start preschool program, similar positive outcomes were achieved. (Bavolek, 1984; 1986)

Program Examples

> *The* MELD: Blending Information and Support For New Parents *program combines education and peer support for new parents. Volunteer facilitators, usually experienced parents, are trained to lead weekly sessions which combine a prepared parent education curriculum and self-help group format. During the two-year long course of the program, topics include child development and guidance, health, family management and parent development. At the same time, the group format helps develop a powerful support system for participating parents, functioning in many ways like a traditional extended family. The MELD curriculum has been adapted to several special populations, including adolescent mothers. In describing the program for teenage parents -- MELD for Young Moms -- the program developers suggest: "The program reaches into the heart of the problem, the family system, and equips the mother with needed and timely information and decision-making processes that will encourage not only responsible reproduction but responsible parenting." Preliminary evaluations of the program suggest parents felt more knowledgeable about child development, childrearing techniques, methods to cope with stress, and communication skills following participation in the program. (Reineke and Benson, 1981)*

> *The* Interact: Street Theater for Parents *project was designed to provide parenting information, alternatives and models for "hard-to-reach" audiences through the use of street theater. The goal of the performances was to present information which would help parents deal with stress which can escalate into child abuse and neglect. Skits were developed to model assertiveness skills, demonstrate realistic expectations of family members, model ways to diffuse anger, and demonstrate stress management and alternative child management techniques. Performances were staged in a variety of settings to reach consumers who had little*

contact with traditional social services: for example, day care centers, military installations, well-child clinics, high school classes and shopping centers. Performances were designed to interest both parents and children, and were tailored to specific audiences when practical. Questionnaires distributed before and after the performances found significant differences in the audiences' attitudes concerning ways to express anger, understanding of children's motives and emotional abuse. (Simmons, 1986; Center for Child Abuse Prevention Services, 1983)

Parent Aide Programs

For many families, the combination of immediate stress and isolation from adequate support systems creates a heightened risk for child maltreatment. Social support, from family and/or community, can help buffer families against the internal and external sources of stress which can lead to child maltreatment. (Howze and Kotch, 1984)

To help address the dual problems of family stress and isolation, many communities have developed Parent Aide programs. The National Parent Aide Association defines Parent Aides as: "trained, professionally supervised individuals, volunteer or paid, who assist parents under stress or those whose children are at risk of abuse or neglect." Within the context of a supportive, one-to-one relationship, Aides address problems which may place families at risk -- including inadequate parenting skills and knowledge, social isolation, poor self-esteem, and specific sources of family stress (e.g., inadequate housing, transportation or medical care.)

Parent Aides may provide concrete services which minimize family stress, such as transportation to appointments, training in home management, or referral to other services in the community. In addition, they provide an important relationship for the parent. As described by Krell and his colleagues (1982): "Most parents in vulnerable families are socially isolated, have strong, unmet dependency needs, and low self-esteem. A close, warm relationship with the aide helps the parents learn how to meet more of their own psychosocial needs, and to better respond to those same needs in their children."

Evaluation of Parent Aides as a preventive service is still limited, but initial work suggests that they can play a significant role in child abuse prevention. As paraprofessionals, aides are thought to be more accessible, less threatening and more multi-faceted than traditional protective service workers in their relationship with parents. (Patota, 1986) At least one evaluation study found that services for abusive families which included a lay treatment component, such as Parent Aides, were more successful in reducing parents' propensity for re-abuse than services which included only traditional group therapy or social work services. (Cohn, 1979) A recent evaluation of the "Child Abuse Prevention Volunteers" program in Colorado indicated highly positive outcomes from the perspective of both participating parents and Parent Aides. Pre/post questionnaires completed by parents indicated increased satisfaction and confidence among mothers, expanded social networks and contacts, and more realistic expectations concerning children's

behavior and discipline. Aides reported improvements in parents' provision of adequate care to children, attachment and disciplining expectations and behaviors. (Center for Policy Research, 1985)

Program Examples

> *The* Children at Risk Program *in New Hampshire sponsored a demonstration project using Parent Aides at local community agencies as a strategy for preventing abuse and neglect. Full time, paid Parent Aides provided home visits, transportation and telephone contact to high-risk families enrolled in the program. The Aides prepared individual case plans for each family, which were analyzed by project researchers to evaluate overall effectiveness of the intervention. The concerns noted by the Aides were classified into three broad categories: situational problems (unemployment, lack of transportation or inadequate housing); inadequate parenting skills (neglect of children's physical needs, inappropriate discipline or inadequate supervision); and psychosocial problems (issues of personal well-being, basic living skills and interpersonal relationships.) More than two-thirds of the families demonstrated some positive progress during the course of their contact with the Parent Aide. The majority of families served for one year or more evidenced progress in all three areas of concern: 88% had made progress in resolving situational problems, 78% had improved parenting skills, and 63% showed improvement in psychosocial problems. (Krell et al., 1982)*

Crisis and Emergency Services

The high levels of intimacy, confinement and expectation which characterize families can be a source of stress, conflict and potential violence. For many families -- such as parents with few social networks and sources of support, parents with a difficult, special or atypical child, or families facing the life changes attendant with adolescence -- the stress and conflict can escalate to the point of abuse. As noted by Beezley and McQuiston in their report on crisis nurseries: "Most abusive parents have very few lifelines; when they are under stress and in a crisis situation, they frequently have nothing to do but stay at home, cooped up with their children. The close proximity to the child and the lack of an alternative for the parent frequently result in injury to the child . . ."

A variety of crisis and emergency services have been proposed for families under extraordinary stress and at risk for maltreatment. Crisis services can provide support and reassurance for parents, protection and assistance to children in crisis, temporary respite and relief from the demands of parenting and family conflicts, and linkage to other, on-going sources of support and treatment for troubled families. Community-based services can provide a relief system for troubled families who view traditional social service agencies as threatening. (Subramanian, 1985)

Typical community-based crisis and emergency services include:

- **Crisis Nurseries**, which provide short-term, crisis care for children whose parents are temporarily overwhelmed by the stress and demands of parenting and are at risk of hurting their children. The primary purposes of crisis nurseries are to provide a safe environment for the child, and a non-threatening resource for the parent. In addition, nurseries can provide therapeutic aid, health and developmental screening and referral for children, and referrals to link parents with on-going support and assistance.

  One observer suggests: "Unlike shelters where children are taken after they have been harmed, respite centers aim to separate children and parents at times when parents might feel like taking out their frustrations on their children. In addition to providing emergency shelter for at-risk children, the centers help parents get the resources they need to make a better home life." (Subramanian, 1985)

- **Parental Stress Hotlines** provide non-judgmental support and emergency counseling for parents temporarily overwhelmed by family or personal problems. By helping parents recognize crisis points and reach out for help, crisis hotlines can help break the cycle of child abuse; by providing a supportive and non-judgmental listener, they help reduce the isolation which characterizes many maltreating families. (Schmitt, 1980) Typically, Parental Stress Hotlines, or Warm Lines, provide a range of supportive interventions for troubled parents; volunteer or professional staff can help "normalize" stress for parents in crisis, provide information on child development and childrearing techniques, help parents devise alternative problem solving and discipline strategies, and refer parents to other community resources.

- **Emergency Caretaker and Homemaker Services** can be provided to protect children in their own homes. Emergency caretakers serve as temporary, in-home guardians for children in cases of temporary abandonment or family emergencies which leave children without parental supervision. Emergency homemakers provide emergency in-home support and assistance to parents in crisis, who are temporarily unable to protect and care for their children, and/or are at risk for maltreating their children. (Burt and Balyeat, 1974) If readily available on a 24-hour basis, emergency in-home services may prevent the abuse of children during times of family crisis.

Program Examples

One early program, the Comprehensive Emergency Services Project *was developed to coordinate and expand emergency services for abused and neglected children and their families in Nashville, Tennessee. A range of emergency services were made available in a coordinated community system, including 24-hour emergency intake for abuse and neglect cases, emergency caretaker and homemaker services for in-home assistance to parents and protection of children, an emergency family shelter, and emergency residential services for children aged 12-15 years. The project*

brought about substantial reductions in family breakdowns and child placements in the community: for example, a 56% reduction in Neglect and Dependency petitions filed, a 51% decrease in children removed from their homes and placed in substitute care, an 85% reduction in the number of children institutionalized, and a 44% reduction in subsequent abuse and neglect of reported children. (Burt, 1976)

More recently, Subramanian reports on an evaluation of the Madison Respite Center, *a community-based program providing respite, skilled child care and counseling services for families in Dane County, Wisconsin. Families using the center were evaluated for "Sources of Stress" and "Levels of Stress", at the time of first contact with the center, after respite services were used, and at a follow-up contact approximately one week later. An overwhelming percentage of the parents (84%) were found to have a combination of significant stress and socio-economic characteristics which placed them at high risk for abuse. Following use of the respite services, parents demonstrated a statistically significant reduction in 5 out of 6 measures of stress -- including overall stress level. (Subramanian, 1985)*

Treatment for Abused Children

As we have seen, child abuse and neglect leave lasting physical, developmental and emotional scars. Many child victims of maltreatment suffer permanent physical and neurological injury, and serious developmental delays or retardation. Even if the abuse results in no lasting physical injuries, the emotional and psychological damage may be profound. One of the most disturbing aspects of child maltreatment is the intergenerational pattern with which family violence is repeated. Adults who abuse or neglect their children frequently suffered emotional and physical maltreatment in their own childhoods; adults involved in domestic violence -- either as perpetrators or victims -- frequently share histories of violent abuse in childhood; juvenile and adult sexual offenders, particularly child molesters and prostitutes, are often survivors of childhood sexual abuse and exploitation.

Treatment for children victimized by abuse, neglect and/or sexual maltreatment can help ameliorate the developmental and emotional damage of maltreatment; it can also help prevent the recurrence of abuse in another generation of children.

The failure to provide adequate treatment for child abuse victims hurts both those victims, and, potentially, another generation of children. Jon Conte (1986) suggests that the failure to provide therapeutic services to abuse victims is a form of state-initiated child abuse; as he suggests:

> The nation is confronted with a very difficult decision. On the one hand, policymakers may choose to do nothing, realizing that victims will suffer the negative effects of sexual abuse, including alcohol or drug-related problems; people who, as adults, are unable to sustain healthy relationships, or who have a predilection for sexually abusing children themselves. On the other hand, efforts

could be made to meet the service needs of larger numbers of victims directly . . . Having encouraged victims to come forward, mental health professionals must provide the meaningful treatment to help them overcome the effects of their abuse. And society must provide the means to do so, must make the tough economic choices that permit that treatment.

Treatment programs for abused and neglected children suggest a variety of strategies, including psychotherapy, group therapy and therapeutic day care or preschool programs. Programs have been established to provide special therapeutic foster care for abused children, and residential treatment programs for children and families. The Parents Anonymous self-help program has launched child treatment programs utilizing community volunteers to work with children of families involved in the Parent Anonymous groups. Preliminary evaluations suggest significant changes in children's behaviors following participation in the model programs, as measured by standardized behavior tests and children's and parents' self-reports. (Frontiers, 1984)

Comprehensive Prevention Programs

For some families, child abuse and neglect are symptoms of broader problems of family dysfunction. Severely disorganized, dysfunctional and multi-problem families, or new parents with multiple internal and external sources of stress, may be at considerable risk for child maltreatment.

Comprehensive, family-focused service programs have been developed to provide a multidisciplinary approach to child abuse prevention with high-risk families. Comprehensive programs draw on research suggesting multiple risk factors for abuse -- including characteristics of atypical or special children, psychosocial characteristics of parents, histories of family difficulties, economic and situational stresses, and family interactional problems. They are often aimed at families who are isolated from or resistant to traditional social services, or who are considered too dysfunctional for traditional approaches. (Ayoub and Jacewitz, 1982; Kinney, 1978)

There is no single model for multidisciplinary family programs. They may be located in medical, social service or community agencies; address perinatal, preschool, early childhood or adolescent periods; provide services to families already identified by protective services, or families identified before any maltreatment occurs; operate as independent programs or as a mechanism for coordinating existing community services. The common feature is a comprehensive multidisciplinary effort to prevent family breakdowns, and the occurrence or recurrence of maltreatment. Services might include comprehensive family health care, social services, parent education and support, and educational and therapeutic programs for children.

Initial evaluations of comprehensive support programs provide an encouraging picture. Armstrong reports on the outcomes of the "Family Support Center" in Philadelphia, which provided a combination of social service, parent support, therapeutic, parent education and early education services to families at risk for abusive or neglectful parenting. Services were

provided through a sequence of home-based, "family school" and peer group activities. Evaluation of participating families indicated significantly lower levels of family stress, higher developmental scores for children, and significantly fewer incidents of abuse and neglect than would be predicted based on a similar sample of high-risk families. (Armstrong, 1981)

Lutzker and Rice (1984) report on the evaluation of "Project 12-Ways" in Illinois, which provides multi-faceted in-home services to abusive and at-risk families. The program is based on an "ecobehavioral" analysis of child maltreatment, and provides treatment and training in several areas related to a heightened risk for abuse -- such as stress reduction, social support, health maintenance, job placement, family and marital counseling, etc. An evaluation comparing participating families with matched controls found a significant difference in the incidence of abuse and neglect: while 10% of treatment families abused or neglected their children during or within one year after treatment, 21% of comparison families maltreated their children during the same period (the recurrence frequency for the entire region from which both samples were drawn).

Program Examples

> *The* Parents Too Soon Initiative *provides services to pregnant and parenting teenagers in Illinois, as part of the* Ounce of Prevention Fund *-- a unique public/private program designed to prevent family problems such as abuse and neglect. The Parents Too Soon program brings together a wide range of resources to meet the needs of adolescent parents. Core services in the program include home visitors to help adolescents adjust to the demands of motherhood and to reduce stress and isolation among young mothers; parent training to encourage positive parenting attitudes and skills and to build support networks between young parents; developmental day care programs to meet parents' needs for child care while they complete school or seek employment and to meet children's needs for early childhood developmental experiences; and community-based approaches to pregnancy prevention for teenagers. Other projects supported by the Fund include Head Start early childhood programs, school-based medical clinics and a special training program to strengthen the ability of teenage parents to protect their children from sexual abuse. (Ounce of Prevention, 1987)*

> *The* At-Risk Parent Child Program *in Tulsa, Oklahoma is an outgrowth of hospital staff concern for at-risk children identified at or shortly after birth for whom no coordinated network of services were available. The program coordinates an extensive network of medical, psychological and social services for families identified through careful screening as seriously at risk of abuse. Program outreach, screening and services are designed to be accessible, non-threatening and non-stigmatizing, and to serve families who are frequently isolated and distrustful of traditional social services.*

Front line professionals in child-serving agencies in the community provide initial screening for families based on a set of clinical criteria suggesting possible risk for maltreatment. A single, primary professional -- usually a social worker or nurse -- serves as the advocate, service coordinator and primary therapist for the family. The primary professional works to develop a close and trusting relationship with the family, and to coordinate the efforts of a multidisciplinary team of professionals providing comprehensive services.

Hospital, pediatric clinic, health department and state child guidance center resources are used to provide a network of supportive services for each family. Services are provided in inpatient hospital, outpatient clinic and in-home settings; they include pediatric care, pediatric mental health care, nutritional counseling and WIC vouchers, speech pathology, individual and group counseling and education, visiting nurse and in-home volunteer services. (Ayoub and Pfeifer, 1977; Ayoub and Jacewitz, 1982)

Programs for Pregnant and Parenting Adolescents

Adolescent parents are at risk for a wide range of difficulties. They are more likely to drop out of school, face unemployment or low-wage jobs, live in poverty, and receive inadequate or late prenatal health care. (Children's Defense Fund, 1986) Studies of the antecedents of child maltreatment suggest that adolescent parents are also at increased risk for abusing or neglecting their children. In a recent review of 22 case-controlled studies of factors related to child abuse, young maternal age at the birth of the abused child emerged as a consistent risk factor. (Leventhal, 1981) Some observers suggest that it is not maternal age per se which increases the risk of maltreatment, but other difficulties -- such as poverty or inadequate family supports -- which are frequently associated with adolescent parenthood. (e.g. Shaler, 1980)

The likelihood that adolescent parents might be at heightened risk for maltreating their children, whether as a direct consequence of their age or other intervening factors, suggest an important preventive role for programs to prevent adolescent pregnancy and to assist pregnant and parenting teenagers.

Recent developments in the field of adolescent pregnancy prevention have stressed the integration of specific contraceptive information with broader programs addressing adolescents' life options, self-esteem and decision-making skills. As formulated by the Children's Defense Fund: "Reducing teen pregnancy rates requires investing in comprehensive efforts to bolster teens' *motivation* to prevent early sexual activity and pregnancy, as well as increasing their *capacity* to do so through improved guidance and services." (Children's Defense Fund, 1986)

For adolescents who do become parents, a variety of supportive services and programs have been proposed to help minimize the potential risks to both parent and child. Among the programs with a demonstrated positive impact

on the particular problems of families headed by adolescent parents are prenatal health care and nutrition services to improve pregnancy outcomes; regular preventive pediatric care to improve the health of infants and young children; income support programs to improve the economic well-being of disadvantaged families; parenting education programs to improve parents' skills and the developmental progress of children; and alternative school programs, child care and employment programs to help teenage parents overcome educational and economic disadvantages. (Hayes, 1987)

Alcoholism Treatment

Alcoholism is a significant factor in much child abuse and neglect. In recent years, professionals working in alcohol treatment programs have become increasingly aware of emotional and physical neglect, physical abuse and incest as problems for many children in alcoholic homes. (Woodside, 1984) Among professionals working with child abuse and neglect, there has been a corresponding realization that for many families, treatment of an alcohol addiction is a critical step in preventing the occurrence or recurrence of child maltreatment. (Sullivan, 1986)

The problems of alcohol and drug abuse, and their links to child maltreatment, are complex and important issues which deserve attention beyond the scope of this report. At a minimum, it is essential that prevention efforts take into account the issues of substance abuse within families. Training for professionals within each field will be necessary, to increase knowledge and understanding of both issues; coordination of parenting training, support and treatment programs will also be needed to improve efforts to help families with interconnected problems of alcoholism, drug abuse and child abuse or neglect.

[Not] only can schools be called upon, but they must be utilized as vehicles for primary prevention. To avoid using this available vehicle in the most comprehensive manner is a serious injustice to children and their families. Schools are the institutions which touch the greatest number of Americans for the greatest length of time. Their potential cannot be underestimated or avoided.

Edward Zigler,
in *Preventive Interventions in the Schools*, 1982

CHAPTER 11

PREVENTION IN THE SCHOOLS

With increasing public and professional attention to the serious social problems affecting children and adolescents, schools have become the focus for many new prevention efforts. Children are coping with an enormous number of new challenges and sources of stress; more and more children, at younger and younger ages, are coping with single parent homes, out-of-home child care, drugs and alcohol, poverty, health concerns, sexuality and pregnancy. And, both directly and indirectly, these issues present a challenge to educators. As Edward Zigler and his colleagues (1982) suggest:

> The case for increasing the school's role in the prevention of social ills rests partly on the enormity of the obstacles to the optimal development of children. Put simply, how can schools address even the narrowest function of education -- the communication of the three R's -- when a steadily increasing proportion of students arrive at school without some basic minimum of care?

Schools provide a logical avenue for reaching all children at critical points in their lives. In many communities, schools may be the *only* universal contact point with children and their parents. School-based prevention programs, involving teachers, counselors, community and parents, have tremendous potential to reach and affect the well-being of children.

Educational institutions must go far beyond traditional classroom subjects to help children and their families cope with the modern-day challenges of childhood -- from mastering interpersonal, decision-making and communication skills, to preventing drug and alcohol abuse, adolescent pregnancy and teenage suicide. A number of different school-based training programs have been developed to address specific health prevention topics, and interpersonal skills development.

A key challenge in school-based prevention efforts is the integration of these several separate threads into a single, sequenced, age-appropriate

curriculum. As independent, fragmented subjects, various prevention, life skills, human development, health and human services classes may have only limited impact on children. As a comprehensive, integrated curriculum, they can build on and reinforce important concepts, skills and knowledge.

Other challenges for the educational sector involve program and policy directions which will help assure that schools are safe, nurturing and supportive environments for children, and effective community resources for parents and families. Adoption of supportive school policies concerning discipline, corporal punishment, academic support and alternatives for troubled students can send a strong message -- to students, families and community-- about the value and the rights of children. And the development of a broader range of early childhood and family support programs can provide direct, preventive assistance to children and parents.

Among the prevention initiatives most frequently suggested for educational institutions are:

- **Comprehensive, Integrated Prevention Curricula** to equip children with the diverse skills, knowledge and information they need to cope successfully with the challenges of childhood and adolescence; two components of such a curriculum would include:

  Self-Protection Training to enhance children's capacity to protect themselves from abuse or exploitation, and seek appropriate help;

  Family Life Education to equip children and adolescents with skills for coping with their own family problems and transitions and prepare them for future roles as parents;

- **Policies to Eliminate Corporal Punishment** to stop the physical punishment of children in institutional settings;

- **Programs for Children with Special Needs** to help reduce the stress on families with a "special" or handicapped child.

Integrated Prevention Curricula

The development of comprehensive, integrated prevention curricula for children from kindergarten through high school has been identified as an important step in addressing a number of health, human development and prevention concerns. An age-appropriate, integrated program may be particularly important for the prevention of child abuse. In light of the complexities which characterize child abuse and neglect, it is unlikely that a single training program can be effective in teaching children about abuse and prevention; the problems, issues and manifestations of maltreatment are too varied.

The authors of a recent study of trends in health and human services programs in Massachusetts (Tuckerman-Slayton and Duffy, 1986) suggest:

> Youth are increasingly at risk for various public health problems which affect their emotional, cognitive and physical development, as well as their ability to succeed academically. Therefore, a model school health education and human services program indicates the need for a single, well coordinated, comprehensive program for pre-kindergarten through high school.

They recommend an integrated, sequential program of education and human services to provide students with knowledge, skills and motivation to pursue optimal social, emotional and physical health. Among the areas suggested for a comprehensive program are the following:

- Activities to increase students' skills in appropriate expression of emotions, assessing the consequences of actions, autonomous decision-making, coping with stress and pressure, development of positive self-esteem, effective interpersonal communication, and problem solving;

- Curricula to provide information about the consequences and prevention of accidents, alcohol, drug and tobacco abuse, diseases and environmental hazards, violence against self and others;

- Activities to increase students' awareness and ability to utilize protective agencies and laws, health products and resources, self-health care, prenatal care and parenting resources;

- Services to address students' needs for career and higher education planning, individual, peer, group and family counseling, parent education, individual needs assessment, and appropriate health and human services.

The researchers emphasize the need for further efforts to link individual topics into a comprehensive, integrated and sequential approach to health education and human services. While topically oriented, fragmented programs exist in many communities to respond to particular issues such as substance abuse, teen suicide and teen pregnancy, the many individual components still need to be integrated into a program of education and services matched to children's developmental needs and capabilities.

Within the context of an integrated and comprehensive life skills program, several specific topics have received particular attention in the child abuse prevention field. Self-Protection Training is widely offered, to help children develop the awareness and skills necessary to protect themselves from physical and sexual abuse. Family Life Education programs have been developed to teach children knowledge and skills for coping successfully with family issues now and in the future.

Self-Protection Training

One of the most common prevention strategies in recent years has been classroom-based skills training to help children protect themselves from abuse and sexual assault. It has been suggested that some form of sexual abuse prevention program is now offered in most communities across the country. (Daro, 1988) Though it is inappropriate to give children the full burden of responsibility for preventing their own abuse, self-protection training, in combination with other community initiatives, can play an important role in helping children develop their capacity to prevent or escape victimization. (Conte, 1986)

Although self-protection programs differ in both content and presentation, most address similar goals. Key concepts include: (from Daro, 1988)

- the difference between good, bad and questionable touching;
- the concept of body ownership, and children's right to control who touches their bodies and where they are touched;
- the concept of secrets, and the importance of the children telling someone if they experience uncomfortable touching;
- children's ability to trust and act on their intuition regarding good and bad touch;
- children's assertiveness skills, from saying "no" to self- defense;
- the existence of support systems to help children who have experienced any type of maltreatment.

A number of programs and training materials have been developed to teach children self-protection concepts and skills. Programs have been developed for various age groups, and for presentation by outside trainers or by parents and teachers themselves. Various approaches incorporate skits, movies, books, classroom discussions and activities.

Field tests of a number of self-protection curricula have demonstrated positive outcomes in terms of greater knowledge and problem-solving skills among participating children. For example, researchers at the Medical University of South Carolina evaluated a series of skits and classroom discussions about key prevention concepts for 9-12 year old children. Follow-up questionnaires administered several days later to children randomly assigned to either participant or control groups demonstrated significant increases in knowledge among children who participated in the program. In particular, children were more knowledgeable about telling someone and seeking help if someone harmed them or made them feel uncomfortable. (Wolfe et al., 1986) Evaluation of the "Talking About Touching" personal safety curriculum found significant improvements in the safety knowledge, problem-solving abilities and assertiveness skills of 9- and 10-year old children participating in the program. (Dower, 1986) An analysis of the impact of the program on children's self-disclosure of sexual abuse revealed that schools which imple-

mented the Talking About Touching curriculum had significantly higher reporting rates after implementation, and their reporting rates increased significantly more than schools which did not implement the program. (Beland, n.d.)

In a recent review of several evaluation studies, however, researcher Deborah Daro (1988) has pointed out shortcomings in our knowledge about the effectiveness and unanticipated consequences of these programs. She notes that existing evaluations show mixed performance results; in particular, they raise questions about how well children actually incorporate new skills into their daily lives, how thoroughly younger (e.g. preschool-aged) children understand and remember the training, and how children are affected in terms of heightened fear about their own safety and the threat of abuse. The inconclusive data from research conducted to date suggests that self-protection curricula hold real promise for protecting children from abuse, but further evaluation and refinement may be needed to achieve the best possible outcomes.

Program Examples

The Talking About Touching *curriculum, developed by the Committee for Children in Seattle, is a personal safety curriculum and training program developed for use in elementary schools. Classroom teachers are trained to deliver the 3-week curriculum, which addresses five major objectives: to provide a framework through which children can learn self-reliance and assertiveness skills; to address the issue of sexual exploitation within the format of a discussion concerning touch; to provide children with age-appropriate understanding of specific types of sexual abuse; to give children concrete ways to avoid and/or stop abuse; and to provide children a channel for reporting abuse. (Dower, 1986)*

Bubbylonian Encounter, *by Gene Mackey, is a 30-minute play designed to sensitize elementary school aged children to appropriate and inappropriate touching, help them understand that sexual offenders may be strangers or friends and family members, and teach them to stop potential assaults and seek help. In a series of vignettes, the main character "Bub" -- a visitor from another planet -- learns the difference between positive, negative and forced sexual touch, and models assertive responses to bad or forced touch. A pre/post test evaluation conducted with children in grades 2 to 5 found significant increases in children's selection of "telling someone" as a response to an assaultive situation, and in their awareness that sexual abuse can occur within a family setting. (Swan, et al., 1985)*

An adaptation of Bubbylonian Encounter *for preschool children uses familiar Sesame Street and Muppet characters to teach prevention information to children in preschool and daycare settings. The puppet show conveys messages about good and bad touching, the right to say "no" to an adult who is doing something wrong, and the need to tell*

someone if touched inappropriately. Following the show, the puppeteers engage the children in coloring activities and interact with them to reinforce the messages of the show. Parents are invited to attend the performance with their children, and a teacher-parent information session is offered in conjunction with the performance to address issues of identifying and responding to sexual abuse. The majority of parents and teachers rated the performance very highly in terms of effectiveness in teaching rules and suitability to preschool children. (Borkin and Frank, 1986)

Family Life Education Programs

Family life education programs, as part of a comprehensive school-based curriculum, can help prevent abuse by promoting two fundamental prevention tactics: preparation of young adults for parenthood, and enhancement of children's capacity to cope successfully with family problems which can lead to abuse.

A recurrent theme in the etiology of child abuse and neglect is inadequate or distorted preparation for parenthood. Abusive or neglectful parents are frequently characterized by some combination of inadequate knowledge of normal child development and childrearing alternatives, unrealistic expectations of their children, and a history of abuse or neglect during their own childhoods. (Steele, 1980) Young adolescents who become parents, and lack adequate preparation and family or social support networks, may be at particular risk. (Leventhal, 1981)

A second important factor underlying child maltreatment appears to be the behavior and characteristics of the child victims. Abused and neglected children often have special problems or atypical development, or are perceived as particularly "different" or "difficult" by their parents. (Zirpoli, 1982) Approximately half of the abuse directed at teenage victims appears to begin during adolescence, when clashes between child and parent escalate into frustration, anger and violence. (Garbarino and Garbarino, 1982)

Family life education programs, which address basic human development and parenting issues, may play an important preventive role. By teaching children the fundamentals of child development, non-violent discipline alternative, and effective parenting, programs can help prepare children for their future roles as parents. At the same time, by helping to equip children and adolescents with knowledge about human development and family dynamics, programs can increase children's capacity to cope with family problems which could lead to their own maltreatment. Some programs are also designed specifically to discourage too-early pregnancy and parenthood among adolescents. (Cohn, 1983)

While family life education programs differ substantially in content, specific focus and presentation, most address several central concerns. These include: the roles and responsibilities of families; social problems in families, (child abuse, and sexual abuse, divorce, drug and alcohol use, teenage pregnancy); social and personal interaction with parents, peers, and the

opposite sex; life span development and important transitions; family formation, (marriage, childbearing, career and financial planning); body awareness and health; and sexuality. (Hayes, 1987) Programs often concentrate on child development and parenting skills, and classroom teaching may be combined with role playing or opportunities to work in nearby child care centers. (Schmitt, 1980)

Program Examples

The Little Kids Bug Me *program, utilized extensively in Northern Alabama, is designed to break the cycle of child abuse and neglect by intervening with children at the middle school level. The name of the program reflects the overall emphasis on providing the students a realistic picture of children, child development and parenting: "The course is called 'Little Kids Bug Me' because children bug a lot of people -- especially their parents." The three session course, provided by a team of school personnel and community volunteers, aims to 1) discourage teenage parenthood, 2) teach basic child development and parenting skills, and 3) increase children's skills in interpersonal relations and managing stress, anger and frustration. The first session focuses on the problems which are particular to adolescence, the sources of friction between parents and teenagers, and the reasons behind the behavior of parents and adolescents; the second addresses child development, children's needs and parenting responsibilities; the final session addresses the problems of child abuse and neglect, and what can be done to help abusive parents and abused children. The program developers comment: "Child abuse and neglect is a vicious cycle passed from generation to generation . . . it is the firm belief of PACT (Parents and Children Together) . . . that a break-through at the middle school level will have significant, long-range impact on the abuse and neglect of future generations." (Griffith and Simmons, 1983)*

The Exploring Childhood *program, used widely with junior and senior high school students, combines the study of human development with opportunities to work with young children in nearby child care settings. The full year course covers a wide range of topics designed to increase the knowledge, skills, self-awareness and self-esteem of participating students. Topics include normal child development, techniques for observing and working with children, differences in family and child-rearing patterns among various families and cultures, and techniques for self-evaluation and values clarification. By combining theoretical and field experiences with children, the program provides an opportunity for students to grow personally while preparing for their future roles as parents. As described by the program developers: "Exploring Childhood is concerned with the development of a sense of self and a sense of others, both in young adults and in the children with whom they work." (Education Development Center, n.d.)*

Eliminating Corporal Punishment in Schools

Despite growing public concern over violence against children, physical punishment of children continues in many public institutions caring for them.

Documented examples of children abused in American schools under the authority are horrifying. Students have been hit with paddle, strap, hand, arrow, stick, rope, belt and fist. Students have been subjected to having their hair cut off; they have been placed in storerooms, boxes, closets and school vaults; they have been thrown against walls, desks and concrete pillars; and they have been forced to run the "gauntlet" or "belt-line". (Hyman and Lally, 1982)

According to a Department of Education survey, at least 3.5 percent of 28 million students attending public schools -- or over 1 million children -- received some kind of physical punishment during the 1980-81 school year. Due to the limitations of the survey, these figures may grossly underreport the true incidence. Two leading activists in this area, Irwin Hyman, Director of the Center for the Study of Corporal Punishment and Alternatives in the Schools, and Adah Maurer, Director of End Violence Against the Next Generation, concur that the actual figures may range between 2 and 3 million. They estimate that over 150,000 children needed medical attention for their injuries.

Only nine states nationwide have legally prohibited corporal punishment in schools, either by law or school board regulations. Twenty-nine states continue to allow corporal punishment as a disciplinary measure in schools and custodial settings and twelve additional states are silent on the issue. Efforts to prevent child abuse logically include campaigns to eliminate all corporal punishment from child-caring institutions, including schools, state-supported foster homes and group care facilities.

Advocates of policies to eliminate corporal punishment argue that its continued use as a matter of public policy authorizes and encourages physical violence against children and fails to deter disruptive or violent behavior by children. Policies which allow the use of physical punishment of students are also fundamentally in conflict with public policies which legally mandate school personnel to report any injuries which are suspected to have been caused by children's parents or other caretakers.

The National Education Association (1972) suggests many alternatives to corporal punishment in schools, addressing both the immediate problems of discipline and the long-range issues which underlie students' difficulties and disruptive behaviors. Their proposals include:

- Short range solutions including: use of quiet place, student-teacher agreements, teaming of adults to take students aside, provision of alternative experiences for students, student privileges given or withdrawn, and in-service programs to help school staff learn alternative discipline techniques;

- Intermediate range solutions including: discipline policies developed jointly by students and staff, parent education programs, student-staff committees to implement discipline policies, training for students and staff in interpersonal relations and crisis intervention, student human relations councils and grievance procedures;

- Long range solutions including: alternative schools and programs for children, drop-out programs, work-study programs, new and revised curricula and teaching strategies, adequate professional specialists in schools, training and staff assistance from mental health and human relations resources in the community.

Numerous groups and professional associations have already gone on record as opposed to corporal punishment in the schools. In addition to the National Education Association, these include the American Psychological Association, the American Public Health Association, the Association for Humanistic Psychology, the National Parent-Teachers Association, the Society for Adolescent Medicine, and the Association for Humanistic Education. Even the U.S. Department of Defense prohibits the use of corporal punishment in its Dependents Schools System. Efforts of a newly organized national coalition should result in stepped-up progress to achieve a final ban on corporal punishment in all states.

Programs for Children with Special Needs

There is considerable evidence that children with physical, emotional and intellectual handicaps are at particular risk for abuse and neglect. Children with special needs require special and/or additional parental care and attention. Parents often receive less positive feedback and reinforcement in their role as parents -- both from the handicapped child and from other social supports, such as families and friends. In addition, a permanent handicapping condition may represent a long-term risk for maltreatment: "The child with cerebral palsy, or any other long term or permanent handicap, presents a potential long-term family crisis. As a result, children with handicaps are not only at greater risk for abuse, but for longer periods of time." (Zirpoli, 1986)

Early and adequate special education services for handicapped children can help ameliorate the developmental impact of their handicaps. In addition, programs to provide specialized support and education for parents can help reduce the risk that the stress of parenting a special child will lead to abuse or neglect. Components of such a program should include special sensitivity on the part of special educators to the indicators of parenting dysfunctions and maltreatment, and support and feedback for parents to reinforce their feelings of success and help them recognize their child's strengths and see beyond the child's handicap. Professionals can provide training and modeling of appropriate parent-child interaction skills, and techniques for dealing with the child's special needs and potentially maladaptive behaviors. They can also help connect parents to additional community, peer and self-help resources for on-going support. (Zirpoli, 1986)

Other School Policies

The educational community is a vital component of the larger community in which children and their families live, and all members of the educational system can contribute to a comprehensive abuse prevention effort. In a recent publication concerning adolescent abuse, for example, Garbarino (1986) suggests some of the many ways in which educational institutions can help protect children and strengthen families. Teachers can become more attuned to issues of parent-child conflict, so they can better address these issues with their individual students. Parent-Teacher Organizations can sponsor classes for parents on a variety of issues, such as non-violent conflict resolution, sexuality, or family transitions and dynamics; they can take an official stand against corporal punishment in schools, and work with parents to propose viable alternative disciplinary measures. School administrators can recognize that traditional educational programs often frustrate and eventually exclude some of the most troubled children, and explore alternative approaches to education; they can also promote youth self-help groups in school and more general awareness of the problems of abuse, to help harness potential peer networks for troubled students.

KEY POINTS

- The literature on child abuse prevention suggests an emerging consensus about the central features of a comprehensive prevention effort. It is clear that an effective approach to prevention must employ multiple strategies, involve a varied group of professionals and institutions, and combine primary prevention with more specialized prevention and treatment approaches.

- Although there are still significant gaps in program development, research and evaluation, a wide assortment of prevention programs and policies have been proposed and developed. While often multi-disciplinary in practice, these initiatives can be conveniently organized according to different sectors of the community.

- Health care providers and institutions have a particularly crucial role to play in prevention. The health care system is one of the few formal systems which has contact with children and families during the critical early years of a child's life. Through direct provision of preventive health care, observation of child and family functioning, and linkage to other supportive services, health care providers can help strengthen families before serious dysfunctions lead to abuse and neglect.

- Specific prevention initiatives in the health care sector include:

  - Universal access to prenatal and early childhood health care;
  - Family centered childbirth and parent-infant coaching;
  - Perinatal home visitor programs;
  - Special support services for parents of children with health and developmental problems.

- Community-based support systems are important resources for reducing stress and social isolation which can place families at increased risk for child maltreatment. Informal social networks of family, friends and neighbors, and more formal community-based groups and institutions, provide important support, education, concrete assistance and respite for families. For families under stress and at risk for abuse, this support can play a critical preventive role.

- Community initiatives for child abuse prevention include:

  - Self help and mutual aid groups;
  - Strengthening natural support networks;
  - Child care programs;
  - Programs for children in self-care;
  - Public awareness and media activities;
  - Combatting family poverty.

- The workplace has assumed a new and important role for American families in recent years. With more parents struggling to balance the demands of employment and home/family responsibilities, there is a growing potential for employment and workplace policies to affect family functioning. The adoption of flexible, supportive workplace policies and practices can help minimize destructive stress on families, and serve as a preventive "buffer" against family problems like child maltreatment.

- Specific workplace policies directed at strengthening families and reducing family stress include:

  - Flexible work schedules and benefits;
  - Education and support programs at the worksite;
  - Parental leave policies;
  - Employer supported child care;
  - Family oriented policies to assure healthy and humane working conditions, and adequate family income.

- Social services agencies and professionals have a long history in treating the aftermath of family dysfunctions and violence. As concern shifts from remediation to prevention, the social services sector is in a key leadership position. By focusing child and family services on prevention, social service providers can help create both the necessary momentum for prevention, and a network of non-stigmatizing resources to help families before they fail.

- Social services programs focused on child abuse prevention include:

  - Parent education;
  - Parent aide programs;
  - Crisis and emergency respite services;
  - Treatment for abused children;
  - Comprehensive, multi-disciplinary prevention programs;
  - Related prevention and treatment efforts, addressing the problems of pregnant and parenting adolescents, alcohol and substance abuse.

- Schools are the single, universal point of contact with children and their families. As children and their parents struggle to cope with new challenges and stress, school-based involvement with prevention has become both logical and necessary. Schools are an ideal setting for prevention efforts aimed at increasing children's skills and knowledge, and supporting and assisting parents in their family responsibilities.

- School-based prevention programs include:

  - Comprehensive prevention education, including Self-Protection Training and Family Life Education
  - Policies to eliminate corporal punishment;
  - Programs for children with special needs;
  - School policies to create a safe and nurturing environment for students.

There are children all over this country who at this very moment are waiting for us to begin . . .

Pawl

SECTION IV

Conclusion

No nation, and especially not this one at this stage in its history, can afford to neglect its children. Whatever importance we attach as a people to expenditure on armaments, to programs for older Americans, to maintaining high levels of consumption and to a hundred other purposes, the welfare of children has to be our highest priority . . . In the end the only *thing we have is our young people. If we fail them, all else is in vain.*

Alan Pifer,
Carnegie Corporation of New York

CHAPTER 12

THE CHALLENGE: MAKING PREVENTION A REALITY

The facts about child abuse speak powerfully to the compelling need for prevention, and point to the possibilities for reducing its incidence among high risk groups and the public at large. There are still significant barriers to be overcome in achieving the goal of preventing further maltreatment of our children. Some of the most formidable are political and professional resistance based on a misunderstanding, or a lack of understanding, about the problem and the potential solutions. Our knowledge about this complex human problem is still incomplete; but what we *do* know *now* can challenge the widely held notions which have been used to justify inaction. The skeptics say things like the following; the facts paint a different picture.

"The problem of child abuse is exaggerated."

Child abuse has received much greater attention in recent years. It would be difficult, however, to exaggerate the enormity of the problem. Nearly 2 million children are reported to protective service agencies each year, and experts believe that these figures still underestimate the true incidence of abuse, neglect and sexual exploitation.

Children are tremendously resilient, and many survive and function normally despite childhood experiences of abuse, neglect and parental rejection. But for many others, the effects are devastating and lasting. As many as 5,000 may die each year as the direct result of abuse or neglect. Follow-up studies of children who were victims of severe physical abuse and neglect have found that as many as half are impaired in some aspect of their cognitive or physical development; in comparison to their non-abused peers, they are significantly retarded in motor, cognitive and language development. Emotionally, many abuse survivors have a lasting legacy of fear, anxiety and depression, permanent impairments in their self-concept, social skills, ability to trust others and enjoy themselves. For many, the emotional impact of abuse is pathological and disabling.

"There are more important social problems to take care of first."

The abuse, neglect and exploitation of children is the common denominator underlying our most pressing social problems. Retrospective studies reveal that the most troubled, disabled and dysfunctional members of society are often survivors of childhood maltreatment. The prevalence of early victimization, by abuse, neglect or sexual exploitation, is overwhelming in studies of troubled children, adolescents and adults: 22% of children institutionalized for mental retardation, 23% of children handicapped by cerebral palsy, 30% to 40% of children hospitalized for psychiatric disturbances, 75% of adults diagnosed for multiple personality disorders, over 80% of juvenile delinquents, 71% to 92% of adolescent runaways, 45% to 57% of child molesters, 45% to 65% of adolescent and adult prostitutes.

The extent to which maltreatment is the primary cause of lasting psychological and social dysfunctions is still uncertain. But even as a contributing factor, abuse cannot be overlooked as a fundamental social problem. By preventing child abuse *now*, we may solve our most difficult social problems of the future; by preventing the maltreatment of *this* generation of children, we may save future generations from harm.

"We don't really know how to prevent abuse."

Child maltreatment is a complex problem, with many different causes and manifestations. No single program or policy change will be adequate to prevent physical battering, neglect, or sexual and emotional abuse of children. But we have learned a great deal about the various social, family and child factors which contribute to abuse, and about effective strategies for reducing these risks. Assuring basic support services for families, such as preventive health care, can address many family and child problems which increase the likelihood of abuse. Relatively simple and low-cost measures -- such as family-centered childbirth arrangements, parent training and education for children -- have been successful in *increasing* skills, knowledge and behaviors which are incompatible with abuse, and *reducing* problems which heighten the risk of its occurrence. Programs of targeted support and education for especially vulnerable families -- such as nurse home visitation for high risk first time mothers -- have successfully reduced the incidence of subsequent abuse and neglect.

"We can't prove that prevention works."

Rigorous research over two decades has demonstrated the effectiveness of prevention in many areas of child and family welfare. There is no longer any question that preventive maternal and child health care reduces the incidence of health and developmental problems. Long-term studies of early childhood education have proven that intervention in the critical, early years of children's lives has lasting positive effects on their educational, social and vocational success. The dollars invested in early, preventive services are returned many times over in savings on remedial health, education and social services. The most rigorously evaluated child abuse prevention programs have reduced the incidence of maltreatment substantially among high risk families.

"We already have prevention programs."

There are many effective prevention efforts underway in communities across the country. Some are traditional approaches to promoting child welfare and strengthening families; some are new strategies for addressing the particular community, family and child problems which can lead to abuse and neglect. All of these programs are important, but none can promise a "quick fix" to the problem of maltreatment. No one-dimensional approach, single program or service, or individual professional group can prevent abuse in isolation. Instead, the array of traditional and innovative strategies must be combined into multifaceted and well-organized community efforts on behalf of healthy families. It will take the combined efforts of citizens and professionals, and greater coordination between different service systems such as schools and hospitals. The prevention programs already in place provide a solid foundation; they represent the beginning, not the end, of a comprehensive prevention effort.

"We just don't know enough to act."

It is true that we still don't know enough. However, while achieving a more perfect understanding of the problem is an important goal, it cannot be a prerequisite for action. Solutions to complex problems are rarely pursued with complete knowledge. More often, initial knowledge and understanding suggests the first steps in the solution; taking those first steps provides the clarity and insight needed for further refinement of the solution.

Confronted with the *actual* effects of abuse on the lives of *real* children, we cannot wait for perfect knowledge before we act. We must be aggressive in our attempts to protect children from harm, and to seek knowledge for the future through action in the present.

Conclusion

"It's so soon that I am done for . . .
I wonder, why was I begun for?"

The question this epitaph raises has been posed over 50,000 times in the United States over the past 25 years by the children whose lives have been lost to the tragedy of child abuse and neglect. For those children who have physically survived abuse, but whose fragile self-esteem and budding spirits have been leveled, the question is no less relevant.

How will we respond individually and collectively to these children? Do we tell them they must continue bearing their suffering and giving up their lives until we gain a more complete understanding of the problem? Do we tell them that abused children, like the poor, will always be with us? Or that there are just too many competing interests and other constituencies are more powerful?

Instead we might tell them what we all instinctively know to be true--that each child who is born has an inherent right to be safe and to be nurtured, and each child holds the hopes and the possibilities of an entire generation, of an entire people.

Perhaps we make a commitment to give back, to become part of the solution by learning more about abuse and its prevention and by sharing that information with others. As community members we can volunteer in local prevention programs or befriend isolated and troubled parents. As parents we can encourage local school boards to include prevention curricula in schools. As citizens, we can be persistent in advocating policies and programs which promote healthy families and children. As legislators, municipal leaders and trustees of private organizations and foundations, we can support prevention policies and funding. As employers we can develop personnel policies which strengthen and support families. As professionals -- in medicine, mental health and social services -- we can broaden our vision to recognize the early signs of trouble in families, and expand our efforts to create a network of community resources which support families and nurture children.

Child abuse is a problem whose solution is long overdue. Whatever our individual talents, we each have unique contributions to make in bringing its solution closer to the present. We are compelled to do this for the children, as well as for ourselves. We must earn each child's trust in the human family by upholding each child's right to an equal and fair chance at life.

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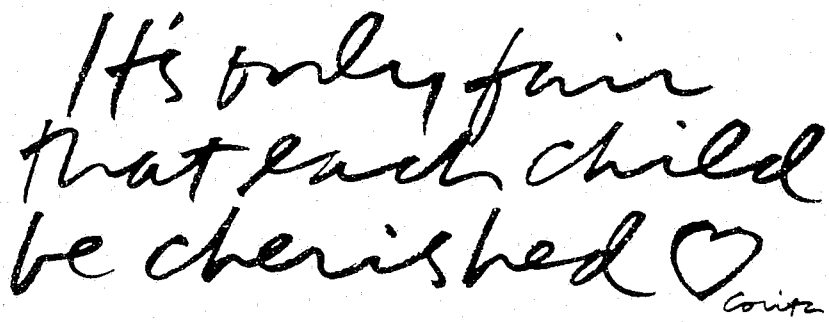

The Massachusetts Committee for Children and Youth (MCCY) is a private, non-profit citizens' organization with a 28-year history of effective advocacy for Massachusetts' *most vulnerable* children. Historically, MCCY has championed the rights of abused and neglected children, children in substitute care, runaway and "throwaway" youth, homeless infants and children, drug-addicted newborns and adolescents facing depression and suicide. The interests of these children have been protected and promoted through a variety of activities:

Advocacy to effect systems change through legal action, legislative education and public policy initiatives;

Research to evaluate available services and document the unmet needs of vulnerable children and youth;

Brokering to link groups and individuals with common concerns and help them work together on key children's issues;

Training to provide education for a broad range of professionals through workshops, conferences and publications;

Education to raise the public's awareness through television, radio and the print media of the critical issues facing Massachusetts children and their families.

MASSACHUSETTS COMMITTEE FOR CHILDREN AND YOUTH
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