

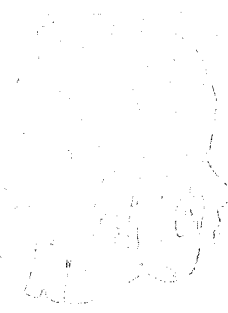
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Marian Eskin

CHILD  
WELFARE  
FACT  
SHEET

Facts and Publications

17767



**U.S. Department of Health,  
Education, and Welfare**

Office of Human Development Services

Administration for Children, Youth  
and Families

U.S. Children's Bureau

National Center on Child  
Abuse and Neglect

This publication was developed by Herner and Company under Contract Number HEW-105-76-1136, for the National Center on Child Abuse and Neglect, U.S. Children's Bureau, Administration for Children, Youth and Families, U.S. Department of Health, Education, and Welfare. Its contents should not be construed as the official policy of the National Center on Child Abuse and Neglect or any agency of the Federal Government.

# CHILD ABUSE AND NEGLECT RESEARCH: PROJECTS AND PUBLICATIONS

**MARCH 1978**

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## INTRODUCTION

The National Center on Child Abuse and Neglect (NCCAN), created by the Child Abuse Prevention and Treatment Act (P.L. 93-247) and located in the Children's Bureau of the Department of Health, Education, and Welfare, acts as the principal focus for federal activity in developing policies, plans, and programs relating to the prevention, identification, and treatment of child abuse and neglect.

Virtually every activity of the National Center, in the performance of its mandate, involves the gathering and dissemination of information. Special emphasis has been focused on gathering information relating to on-going and completed research and currently operating programs in the field. This information comprises the data base for a computerized information and retrieval system which is used by the National Center to answer requests for child abuse and neglect information from program planners, policy makers, researchers, and the general public.

This annual publication, *Child Abuse and Neglect Research: Projects and Publications*, and its companion volume, *Child Abuse and Neglect Programs*, are designed to make the information in the National Center's computer system available for direct public and professional reference.

There are over 700 publications, dated from 1965 to 1977, and about 160 current research projects identified and described in this edition of *Child Abuse and Neglect Research: Projects and Publications*. The section "How to Use This Volume" describes the bibliographic citations, project identification data, and use of the Author and Subject Indexes.

Most of the publications included were selected from journals, books, and other sources that are readily accessible to scholars and practitioners. The research project descriptions, on the other hand, came from surveys that have been conducted semiannually since the Summer of 1975. About one-third of the projects are being described for the first time. In addition, up-to-date information is provided for the projects that were on-going as of January 1976 and that appeared in earlier editions of *Child Abuse and Neglect Research: Projects and Publications* (PB-251,010, May 1976; PB-260,800, November 1976). These project descriptions were emended during the Summer of 1977 to reflect new results, additional funding sources, and other changes. A sample of the survey questionnaire is shown on the next page.

In its continuing efforts to maintain an up-to-date, comprehensive data base of active studies, investigations, and experiments, the National Center would like to be notified about current research projects that are missing from this edition of *Child Abuse and Neglect Research: Projects and Publications*. For this purpose, the questionnaire for describing a project is available from:

Department of Health, Education, and Welfare  
Administration for Children, Youth and Families  
U.S. Children's Bureau  
National Center on Child Abuse and Neglect  
P.O. Box 1182  
Washington, D.C. 20013

The National Center also is continually seeking additional documents, especially those reporting the results and findings of research or describing programs and services. The Center welcomes copies of pertinent publications.

You also can help the National Center improve the usefulness of *Child Abuse and Neglect Research: Projects and Publications* by suggesting changes that should appear in future editions or supplements. A reader-response postcard has been printed inside the back cover.

Douglas J. Besharov  
Director  
National Center on Child  
Abuse and Neglect



National Center on Child Abuse and Neglect  
U.S. Children's Bureau  
Office of Child Development  
U.S. Department of Health, Education, and Welfare



### Survey of Research on Child Abuse and Neglect Questionnaire

The National Center on Child Abuse and Neglect is collecting information about current research projects on child abuse and neglect for use in preparing an annual summary of research in this field. The reports prepared from the survey data are mandated by PL 93-247, the Child Abuse Prevention and Treatment Act. While you are not required to respond, your cooperation is essential in making the results of this survey comprehensive, accurate, and timely.

For the purpose of this survey, research is defined as experimentation, investigation, examination, or inquiry that is concerned with discovering and interpreting new facts about meaningful questions, with revising accepted conclusions or theories in light of new facts, and with applying new conclusions or theories. Research may cover any of the following aspects of child abuse and neglect:

- Definition
- Etiology
- Coordination and Education
- Prevention
- Diagnosis and Case Finding
- Treatment and Rehabilitation
- Demonstration and Evaluation
- Laws

Each discrete research project should be described on a separate questionnaire. Additional copies of the questionnaire will be furnished on request. Please be as complete and specific as possible in answering open-ended questions. If you need additional space to answer any questions, please attach add-on sheets and indicate the questions to which they apply. (Please type or legibly print your answers.)

Please return the questionnaire in the enclosed return envelope to:

U.S. Department of Health, Education, and Welfare  
National Center on Child Abuse and Neglect  
U.S. Children's Bureau  
P.O. Box 1182  
Washington, D.C. 20013

We greatly appreciate your taking the time from your busy schedule to help us.

#### 1 Project Identification:

Official title of project \_\_\_\_\_

Official name of organization conducting the research \_\_\_\_\_

Address of organization \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

#### Person(s) directly supervising the research

Name \_\_\_\_\_ Title \_\_\_\_\_ (Area code) Telephone number \_\_\_\_\_

Highest Earned Degree \_\_\_\_\_ Field of Specialization \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ (Area code) Telephone number \_\_\_\_\_

Highest Earned Degree \_\_\_\_\_ Field of Specialization \_\_\_\_\_

#### 2 Starting and Ending Dates:

Date project began: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Date of expected completion: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

#### 3 Present Stage of the Project (Check each that applies):

- Funded or Organized
- Instrumentation Developed
- Data Collection in Progress
- Data Being Analyzed
- Preliminary Conclusion Formulated
- Final Report in Preparation

#### 4 Purpose or Objectives of the Project:

The research project focuses on (check one)

- Child Abuse
- Child Neglect
- Child Abuse and Neglect

Please describe the principal problem or hypothesis being investigated \_\_\_\_\_

#### 5 Methodology of the Project

a. Please describe the research design of your project \_\_\_\_\_

b. Please describe the methods used to collect and analyze data, including the use of standardized (e.g., MMPI, TAT, Wechsler Scales) and nonstandardized instruments \_\_\_\_\_

c. Please give the numbers and age limits of the subjects, if any, in your sample

| Subject      | Number | Age Limits, if any | Subject                 | Number (e.g., of cases, family units, individuals) |
|--------------|--------|--------------------|-------------------------|--|
| Adults (M)   |        |                    | Families                |  |
| Adults (F)   |        |                    | Others (please specify) |  |
| Children (M) |        |                    |                         |  |
| Children (F) |        |                    |                         |  |

#### 6 Results or Findings to Date:

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#### 7 Published Results:

Please give the citation (author, title, place of publication, publisher, and date for monographs, books, or reports; author, title, journal, volume, pages, and date for articles or papers) of any publication or planned publication describing this research in the professional literature. If no publication is planned, indicate how data and results may otherwise be obtained \_\_\_\_\_

If available, please forward one copy of each of the publications cited  
 Publications enclosed  Publications being forwarded under separate cover

#### 8 Data From Service Programs:

If this research project evaluates or uses data from one or more service-oriented programs in child abuse and neglect, please give the official name of the program, plus the name and address of the director of each such program

Program Name \_\_\_\_\_  
Program Director \_\_\_\_\_  
Institution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Program Name \_\_\_\_\_  
Program Director \_\_\_\_\_  
Institution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Program Name \_\_\_\_\_  
Program Director \_\_\_\_\_  
Institution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### 9 Cooperation With Other Agencies or Organizations:

Please list any other organization or agency which cooperates in this research in ways other than furnishing financial support. Give a brief description of its role in the project.  IF NONE, PLEASE CHECK AND SKIP TO Q 10

Name \_\_\_\_\_

Address \_\_\_\_\_

Role \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Role \_\_\_\_\_

#### 10 Training Materials:

Please identify by title, medium, and producer training curricula, films, slides, and other materials that your project has developed or knows of and that the National Center on Child Abuse and Neglect should include in its *Training Materials Catalogue*.

Please forward a copy of each item listed, if possible, so that they can be included in the Catalogue.  
 Training materials enclosed  Training materials being forwarded under separate cover

#### 11 Public Awareness Materials:

Please identify by title, medium, and producer or publisher posters, pamphlets, television/radio announcements, films, and other materials that your project has developed or used and that the National Center on Child Abuse and Neglect should include in its *Public Awareness Materials Catalogue*.

Please forward a copy of each item listed above so that they can be included in the Catalogue.  
 Public awareness materials enclosed  Public awareness materials being forwarded under separate cover

#### 12 Source(s) of Financial Support:

Please check each source of financial support for the project.

Institution or organization at which project is located

U.S. Government agency (identify agency as specifically as possible)

State or local government agency (please identify)

Other sources (please identify)

#### 13 Additional Research Projects:

If you know of any other current research projects, regardless of size or source of funding, that are relevant to child abuse and neglect, please list below the official title of the projects, plus the names, titles, and addresses of the principal investigators

Project Name \_\_\_\_\_  
Principal Investigator \_\_\_\_\_

Institution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Project Name \_\_\_\_\_  
Principal Investigator \_\_\_\_\_

Institution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Project Name \_\_\_\_\_  
Principal Investigator \_\_\_\_\_

Institution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### 14 Name of Person Completing Questionnaire:

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

This is the end of the questionnaire. Please read over your answers to make sure that they are complete and correct. Please return the questionnaire in the enclosed envelope to:

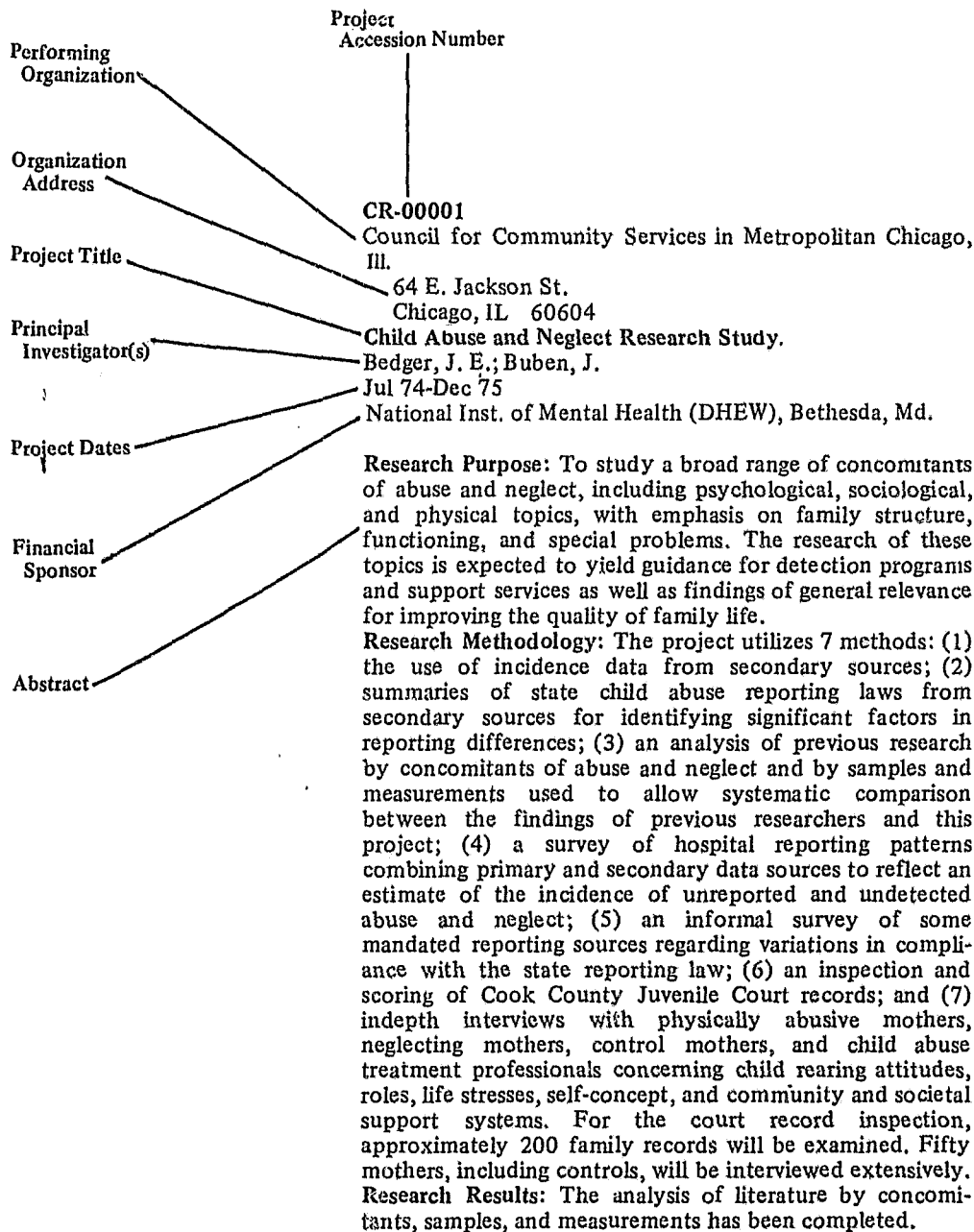
U.S. Department of Health, Education, and Welfare  
National Center on Child Abuse and Neglect  
U.S. Children's Bureau  
P.O. Box 1182  
Washington, D.C. 20013

Thank you again for your cooperation

## HOW TO USE THIS VOLUME

Projects and publications are presented in separate sections, and each section has its own indexes. All abstracts are arranged in alphabetical order by principal investigator's name for projects and primary author's name for publications. The order of five-digit accession numbers of the abstracts also corresponds to this alphabetical sequence. Accession numbers for projects have a CR prefix, while accession numbers for publications have a CD prefix. CR and CD numbers are displayed in entries of the respective indexes.

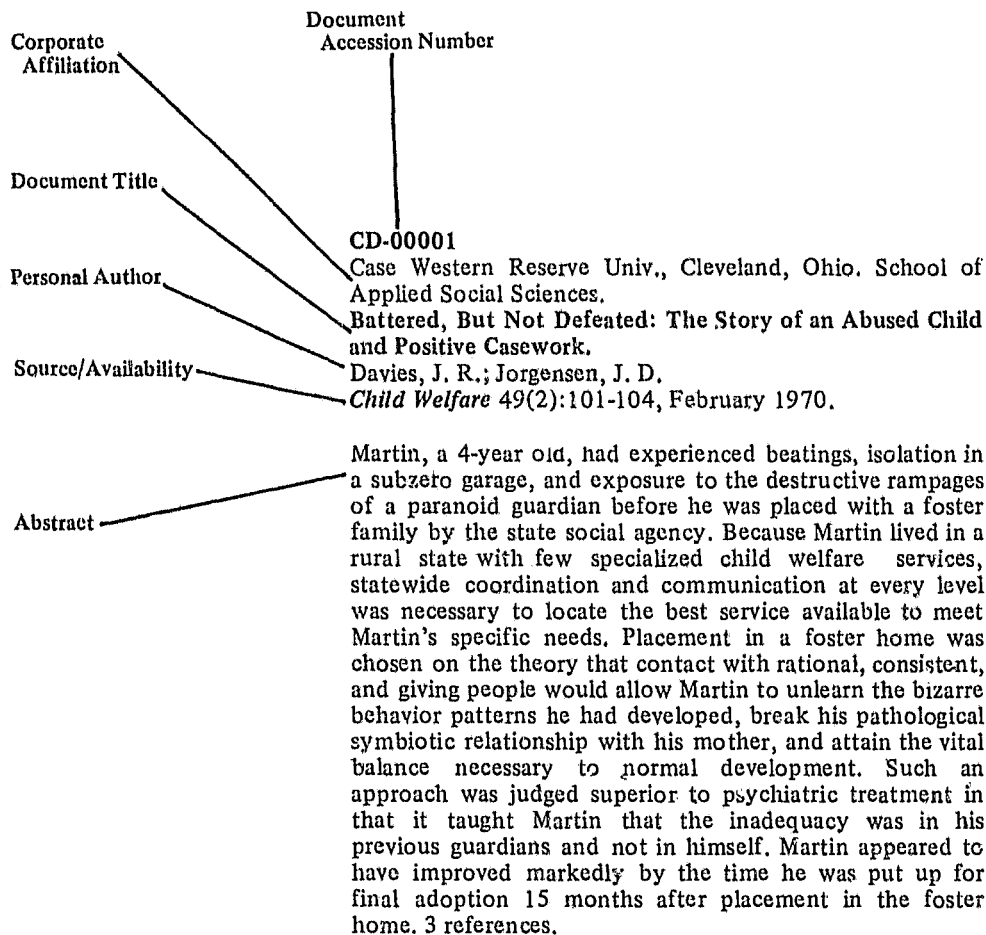
Each project is uniformly identified and described by the elements labeled in the sample below. The abstracts, or descriptions, of projects were derived solely from data provided by persons responding to the survey.





Most of the standardized elements in the project identification can be used to search the National Center's computer-based file of these records. Moreover, *Child Abuse and Neglect Research: Projects and Publications* contains printed, browsable indexes for the principal investigators, performing organizations, financial sponsors, and subject matter of the projects.

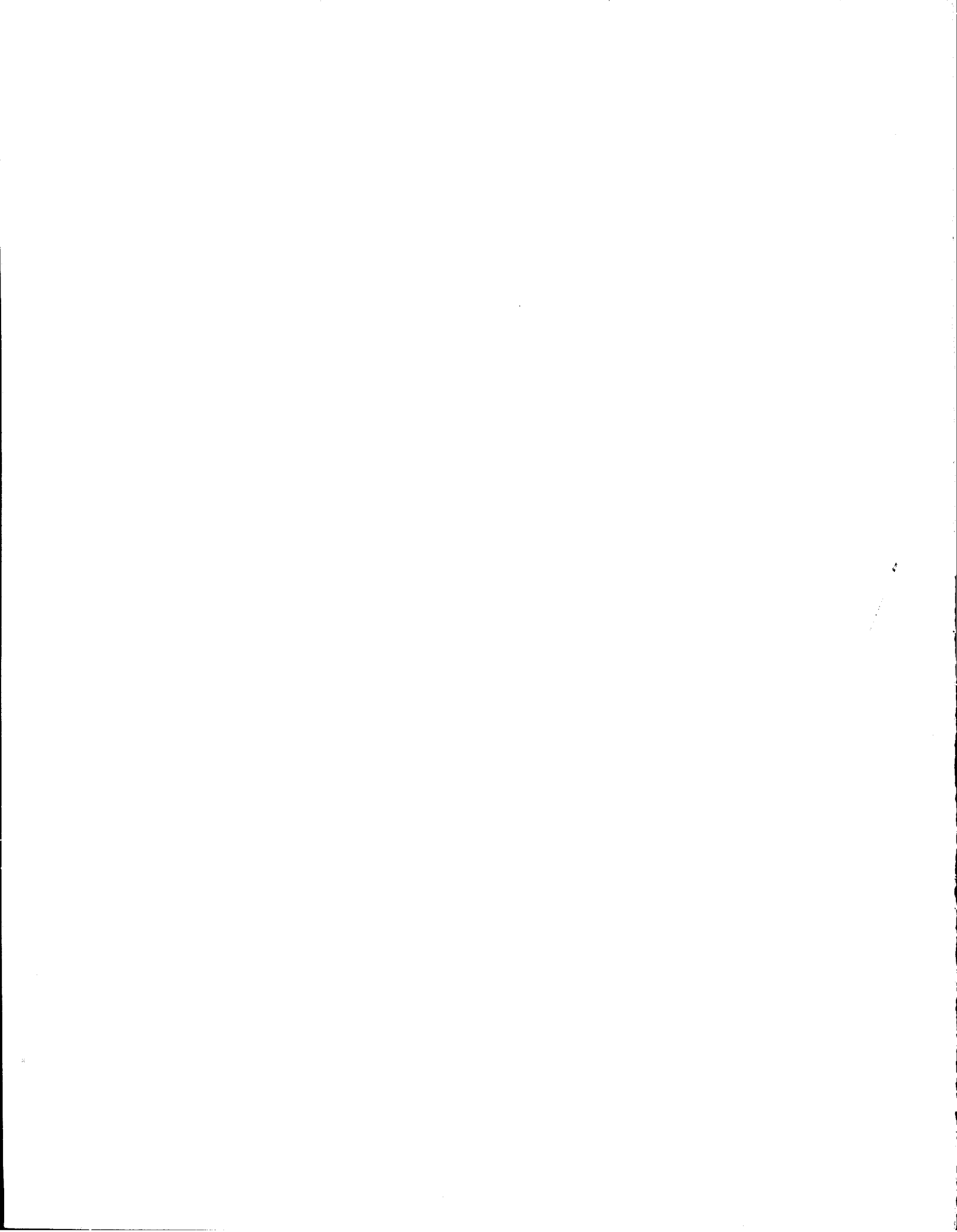
Each publication is uniformly identified and described by the elements labeled in the sample below. The informative abstracts average about 250 words each.



Most of the standardized elements of the citation can be used to search the National Center's computer-based file of these records. Moreover, *Child Abuse and Neglect Research: Projects and Publications* contains printed, browsable indexes for authors and subject matter of the publications.

Descriptors in the data base and the printed subject indexes were taken from the *Child Abuse and Neglect Thesaurus of Subject Descriptors*, a controlled vocabulary for searching and indexing terminology of the National Center. The purpose of subject indexing was to choose a set of descriptors sufficiently exhaustive and specific to reveal *what a particular project or publication is about*. This approach precluded title indexing; rather, indexers selected descriptors after examining the purpose, methodology, results, conclusions, or other information about the publication or project. Indexing of research projects was especially difficult, because survey responses often provided limited guidance in selecting and assigning descriptors.

The number of descriptors varies from three to eight for each project or publication. Accordingly, each item has been listed in the subject index from three to eight times and can be retrieved through that many terms. Further, the *Thesaurus* was amended and refined as indexing progressed; whenever the *Thesaurus* did not contain descriptors needed for indexing, new terms were added according to predefined rules. Such changes will continue to be made in the future for new projects and publications.



## DESCRIPTIONS OF ONGOING PROJECTS

### CR-00001

South Carolina State Dept. of Health and Environmental Control, Columbia. Bureau of Maternal and Child Health.

2600 Bull St.  
Columbia, SC 29201

South Carolina Child Abuse and Neglect Training for Public Health Professionals.

Alford, R.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of the child abuse and neglect training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** The NCCAN curriculum is being offered to public health professionals at Health District sites throughout the state under the auspices of the Children's Service Division of the South Carolina Department of Health and Environmental Control. A general trainer has been hired to (1) train a multidisciplinary core group to present the curriculum; and (2) prepare, modify, and present the training program to public health professionals in the following order of priority: maternal and child health nurses, family planning nurses, crippled children's nurses, social workers, and health educators. About 16 people will be trained at each site, with the core group providing program continuity beyond the grant period.

**Research Results:** Results are being analyzed.

### CR-00002

Family Service Center, Honolulu, Hawaii.

2319 Rose St.  
Honolulu, HI 96819

Hana Like Home Visitor Project.

Alger, M.; Uohara, B.

May 75-Jun 78

Office of Child Development (DHEW), Washington, D.C.

**Research Purpose:** To identify newborns and their mother and father who are at high risk of abuse and demonstrate the feasibility of utilizing one-to-one training in parent-child interaction as an early intervention technique.

**Research Methodology:** A prenatal check list will be utilized by clinic personnel at the hospital to screen mothers for certain psychosocial stress factors. Interviews will be conducted for mothers identified by the first screen, to ascertain risk of abuse via a high-risk check list developed by Dr. Barton Schmitt of the National Center for the

Prevention and Treatment of Child Abuse in Denver. High-risk mothers and infants will be assigned to the Home Visitor Program or control groups on a voluntary basis. Outreach aides facilitate parent-infant bonding, attachment, and interaction while providing emotional support for them. Pre- and posttesting of mother-infant interaction will also be conducted. The sample population consists of 30 children and 30 family units.

**Research Results:** Data collection is in progress.

### CR-00003

Vanderbilt Univ., Nashville, Tenn. Dept. of Pediatrics.

21st Ave. South and Garland St.

Nashville, TN 37232

Causal Factors in Neglect and Battering: A Prospective Study.

Altemeier, W. A., III; O'Connor, S.

Jun 75-Dec 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To determine if there is a characteristic pathological pattern identifiable in the mother that correlates with disturbances in child care behavior and with battering or neglect.

**Research Methodology:** Screening by questionnaire of pregnant women to classify them as high, moderate, or low risk for disturbances in child care patterns is followed by prenatal, perinatal, and postnatal evaluations of the mother and the child. Information is being gathered on infant temperament, mother-child interaction, child rearing beliefs, maternal perception of the infant, stress incidences, and the expectations that the mother has for the child.

**Research Results:** Preliminary results showed that 12 mothers identified as high risk have been referred to Protective Services for investigation of abuse or neglect, compared with one control mother. Total deaths and nonorganic failure-to-thrive were also higher in the high-risk than in the control group.

### CR-00004

Georgetown Univ., Washington, D.C. Law Center.

600 New Jersey Ave.

Washington, DC 20001

Georgetown Juvenile Justice Clinic.

Areen, J.; Mlyniec, W.

Sep 73-continuing.

Georgetown Univ., Washington, D.C.; Cafritz Foundation, Washington, D.C.

**Research Purpose:** To (1) develop an effective curriculum

for training law students to serve as counsels for abused and neglected children; and (2) develop legal theories for better representation of abused and neglected children including, but not limited to, model orders to facilitate delivery of services to parents during the disposition stage.

**Research Methodology:** Twenty third-year law students serve as counsels for children in abuse and neglect cases in the Superior Court of the District of Columbia under the supervision of members of the law school faculty. The student lawyers attend 4 class hours per week in addition to the time spent on case work. Both students and faculty contribute to the development of training curricula and legal theories for the representation of abused and neglected children.

**Research Results:** See publication.

**Publications:** Areen, J. "Intervention Between Parent and Child: A Reappraisal of the State's Role in Child Neglect and Abuse Cases." Georgetown Law Journal 63(4):887-937, March 1975.

#### CR-00005

Behavior Associates, Tucson, Ariz.  
330 E. 13th St.  
Tucson, AZ 85701

#### Parents Anonymous Self-Help for Child Abusing Parents Evaluation Project.

Baker, J. M.  
May 74-Apr 77

Office of Child Development (DHEW), Washington, D.C.;  
Parents Anonymous, Inc., Redondo Beach, Calif.,

**Research Purpose:** To (1) document the activities and accomplishments of the Parents Anonymous Self-Help for Child Abusing Parents Project; (2) collect descriptive information about Parents Anonymous chapter chairpersons, sponsors, and members; and (3) measure the impact of the Parents Anonymous self-help treatment program on its participants.

**Research Methodology:** A time series design is used to assess changes over time as a function of participation in Parents Anonymous. Change is assessed by the administration of a questionnaire which measures self-esteem, social behavior, utilization of community resources, attitudes toward children and toward parenthood, and changes in patterns of child abuse.

**Research Results:** Data are being collected.

#### CR-00006

New Jersey State Div. of Youth and Family Services,  
Trenton. Bureau of Research, Planning, and Program  
Development.  
1 S. Montgomery St.  
Trenton, NJ 08625

#### Factors Relating to Levels of Child Care Among Families Receiving Public Assistance in New Jersey.

Bausell, R. B.  
Jun 75-Jun 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To (1) investigate whether factors such as family structure and functioning; child rearing knowledge, attitudes, and practices; child and parental health; drugs and alcohol; and awareness and use of community resources which have been asserted as major antecedents to abuse and neglect, significantly differentiate families which provide adequate care for their children from families which do not; (2) develop conceptual and operational definitions of abuse and neglect; and (3) ascertain the effect of economic factors on family functioning.

**Research Methodology:** Three groups of families receiving public assistance in New Jersey (abusing, neglecting, and normal) will be compared on a wide range of social, psychological, and economic variables, using data from records and interviews. The study differs from previous research in that socioeconomic variables are controlled by selecting only respondents known to be on public assistance. The sample consists of 800 randomly selected AFDC recipient families. Of these 800, 300 families not known to New Jersey Division of Youth and Family Services (DYFS) will be compared with 400 families that are known to DYFS and are identified as abusing or neglecting or both on the basis of study criteria.

**Research Results:** Data collection is in progress.

#### CR-00007

Associate Control, Research and Analysis, Inc., Washington, D.C.

1000 Vermont Ave., N.W.  
Washington, DC 20005

#### Evaluation of Child Abuse and Neglect Demonstration Resource Projects.

Benn, B. A.

Dec 74-Sep 76

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To evaluate the formative aspects of the 16 resource projects funded by the National Center on Child Abuse and Neglect and develop an administrative information system for the projects

**Research Methodology:** Aspects of the programs which are being evaluated include technical training assistance, public awareness services, needs assessment capabilities, and other necessary services to programs for families and children involved in abuse and neglect. Formative aspects are being stressed and a comprehensive system for monitoring the projects is being created

**Research Results:** Data are being collected and analyzed.

#### CR-00008

National Council for Black Child Development, Inc.,  
Washington, D.C.

1411 K St. N.W. Suite 500  
Washington, D.C. 20005

#### An Exploratory Investigation of Potential Societal and Intra-familial Factors Contributing to Child Abuse and Neglect.

Bentley, R. J.

Jun 75-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To (1) identify stressful conditions and institutions which, impacting on the Black community, may lead to child abuse; (2) isolate dominant familial characteristics involved with child abuse; and (3) describe potential correlations which may illuminate child abuse variables.

**Research Methodology:** Data on families will be obtained from court records, police files, and the Department of Human Resources. The probable study population will be 450 families, 150 of which are known abusers, 150 in agency files for other reasons, and 150 normal families. Comparative analysis will determine significant differences.

**Research Results:** Analytical and evaluative instruments are in the process of development. An agency profile has been conducted to determine information sources for the next phase of the study which is data collection.

#### CR-00009

Texas Migrant Council, Laredo.

P. O. Box 917

Laredo, TX 78040

#### Migrant Child Abuse and Neglect Prevention Project.

Bermea, M.; Moreno, H.

Jul 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To test and evaluate the feasibility of using the extended family in solving the problem of child maltreatment, and determine the extent of child abuse and neglect in the migrant community.

**Research Methodology:** Data will be compiled from general case profiles and extensive followup done at home and at work.

**Research Results:** The study is in a preliminary phase.

**Publications:** (1) Texas Migrant Council, Inc. Cultural and Social Service Delivery System Training Packet. San Antonio, Tex., November 1977. (2) Findings of Child Abuse and Neglect Symposium: Migrant Farmworkers and Their Families. Laredo, Tex., Texas Migrant Council, Inc., July 1978.

#### CR-00010

California State Dept. of Youth Authority, Sacramento.

Research Div.

1829 16th St.

Sacramento, CA 95814

#### Analysis of Child Abuse Reported to a Law Enforcement Agency.

Bohnstedt, M.

May 77-continuing.

**Research Purpose:** To analyze the characteristics of victims and parents, and correlate them with case dispositions.

**Research Methodology:** The study includes data on 1,500 cases reported to the police department of a large western U.S. city. Correlational analysis will be used.

**Research Results:** The study is in a preliminary phase. The results will be published in a report.

#### CR-00011

Arizona Community Development for Abuse and Neglect, Phoenix; Arizona State Univ., Phoenix.

1400 W. Washington

Phoenix, AZ 85005

#### Arizona Community Development for Abuse and Neglect.

Bolton, F. G., Jr.; Reich, J. W.

Jun 76-Mar 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To investigate the hypothesis that siblings of abused children would be more likely to commit aggressive crimes, while the abused children themselves would be more likely to commit escapist offenses, such as truancy or running away.

**Research Methodology:** The relationship between the effect of dysfunctional child-rearing practices upon the juvenile and his subsequent patterns of entry into the juvenile justice system was analyzed in a modeling framework by studying the prevalence of child abuse records in juvenile court records and comparing the abuse records with a random sample of nonabuse juvenile records. Within these, frequencies of escape and aggressive crime patterns were determined.

**Research Results:** Analyses of the results supported the hypothesis. Relative to the control sample, the sample of abused children was reported more often for asocial, escape crimes, while the nonabused siblings were reported more often for aggressive, antisocial crimes. Results will be published in the Summer 1977 issue of *Victimology*.

#### CR-00012

Wisconsin Medical Coll., Milwaukee. Child Welfare Committee.

1700 Wisconsin Ave.

Milwaukee, WI 53233

#### 10-Year Follow-up of Abused Children.

Bond, P. A.

Nov 74-76

Wisconsin Univ., Milwaukee.; Milwaukee Children's Hospital, Wis.

**Research Purpose:** To determine the results of 10 years of case finding and treatment of child abuse and neglect.

**Research Methodology:** Medical and social work students will be contacting each family where there has been an abused child and assessing the current situation.

**Research Results:** Families and more than 300 children have been identified for the sample.

**CR-00013**

Towson State Coll., Md.  
York Rd.  
Towson, MD 21204

**Parent Lounge Project.**

Brandwine, A.; Siegel, D.  
Sep 75-Sep 77

National Council of Jewish Women, Washington, D.C.

**Research Purpose:** The research portion of the demonstration project consists of evaluation to determine the effectiveness of this method of training people to provide a variety of services to parents who abuse children.

**Research Methodology:** Determination of the effectiveness of the program will be made by rating of students' ability to respond to parental questions and problems with appropriate support, direction, and counsel by the child case worker, parent workers, and the faculty supervisor. Observations will also be made of parent-child interactions and group sessions. The program is currently training 32 students. Evaluation of improvement in child abuse families will also be made by Department of Social Service workers and will include examination of the frequency of disruptive parental behavior.

**Research Results:** The project is in a preliminary phase.

**CR-00014**

Arlington County Dept. of Human Resources, Va. Div. of Social Services.

P.O. Box 4310  
Arlington, VA 22204

**Pro-Child: A Child Abuse and Neglect Demonstration Project.**

Brittain, D.; Moss, M.

May 74-Jun 77

Office of Child Development (DHEW), Washington, D.C.;  
Arlington County Dept. of Human Resources, Va.

**Research Purpose:** To conduct evaluation and follow-up studies and participate in research to determine the effectiveness of Pro-Child which has as its goals the development of public and professional awareness of the problem of child abuse and neglect; identification and treatment of abusive families using the most effective measures; and development of efficient coordination of community resources and services.

**Research Methodology:** Data are evaluated by Berkeley Planning Associates. Pro-Child worked with 524 families and approximately 1,048 children in fiscal year 1975.

**Research Results:** Data collection and analysis are in progress.

**CR-00015**

Montgomery County Public Schools, Rockville, Md.

850 Hungerford Dr.  
Rockville, MD 20850

**Project Protection -- A Multidisciplinary Approach to Educational Problems Associated With Child Abuse and Neglect.**

Broadhurst, D. D.

Aug 74-Jun 76

Office of Education (DHEW), Washington, D.C.

**Research Purpose:** Project Protection is a 4-part program comprising staff development and training in recognition of child abuse and neglect and knowledge of proper actions to be taken; policy revision and statute monitoring; curriculum development; and direct service components for nonpublic schools. Research emphasis is on curriculum development and program evaluation.

**Research Methodology:** The project will conduct pilot studies, program evaluation, and longitudinal study after development of staff, policy revision, and curriculum development in the program have been completed. A specific effort in the curriculum development is preparation of a course of study on cause and effects of child maltreatment for secondary school and adult education students.

**Research Results:** Data are being collected and analyzed and preliminary indications show a significant increase in number of reports of suspected child abuse and neglect received from county schools, and an increase in cases confirmed or opened for service.

**Publications:** (1) Broadhurst, D. D. "Project Protection: A School Program to Detect and Prevent Child Abuse and Neglect." *Children Today* 4(3):22-25, 1975. (2) Broadhurst, D. D.; Howard, M. C. "More About Project Protection." *Childhood Education* 67-69, November 1975. (3) Poppen, N. A.; Broadhurst, D. D. "Policy Making: First Step for Schools in the Fight Against Child Abuse and Neglect." *Elementary School Guidance and Counseling* 222-226, March 1976.

**CR-00016**

New York Medical Coll., N.Y. Center for Comprehensive Health Practice.

5 E. 102nd St.  
New York, NY 10029

**Family Care Program.**

Brotman, R.; Zarin-Ackerman, J.

Feb 75-Feb 78

New York Medical Coll., N.Y.; National Inst. of Drug Abuse (DHEW), Rockville, Md.

**Research Purpose:** To develop predictive variables for abuse and neglect for use in preventive counseling of young families.

**Research Methodology:** The variables are compiled through comprehensive screening, case reviews by a team of health professionals, 2 year developmental assessment of infants born into the program, and use of parental rating scales on a monthly basis with participants of the child-rearing program. Natural comparison groups arise from the intake representation (various social, economic, and ethnic groups are seen). At present 71 adults comprise the study sample.

**Research Results:** Mothers in the sample were able to apply information about child development and growth to their childrearing techniques. Infants were more relaxed,

alert, social, and focused on the caregiver. Mothers were able to articulate their feelings of both enjoyment and frustration about childrearing and improved their "parental" self-image. Sensory and motor stimulation from the parent tended to be more age-appropriate. Mothers were acutely aware of small but significant developmental advances.

**CR-00017**

California State Dept. of Health, Berkeley.  
2151 Berkeley Way  
Berkeley, CA 94704

**Child Abuse Multidisciplinary Training Project.**

Brown, D.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** Multidisciplinary training is being offered in 3 counties with varying levels of development of their child protection systems. Recruitment of trainees results from contracts and presentations to a variety of agencies involved with child abuse and neglect as well as with various community organizations.

**Research Results:** Continuing education credit has been obtained for nurses, through the Department of Health Training Center, and for police officers, through the Commission on Peace Officer Standards and Training.

**CR-00018**

Georgia State Univ., Atlanta.  
University Plaza  
Atlanta, GA 30303

**Abnormal Mother--Infant Behavior and Child Abuse.**

Brown, J. V.; Bakeman, R.

Jul 74-May 77

Center for the Study of Crime and Delinquency (DHEW),  
Washington, D.C.

**Research Purpose:** To (1) conduct studies on the development and the internal dynamics of disturbed interactions of mothers with infants that are at high risk of being abused; (2) develop a method for an early objective detection of potentially disturbed interactions; and (3) develop a program aimed at the prevention or correction of such interactions.

**Research Methodology:** The development of mother--infant interactions are observed during feedings when the newborn leaves the hospital, and at 1 and 3 months after hospital discharge. At 12 months after discharge, infants and mothers are observed in the Ainsworth strange situation. Infants are also given detailed neurological and developmental examinations during each of these time periods. In

addition, extensive sociological information is collected from all mothers and the Home Inventory is administered at 9 months after hospital discharge. These data will be analyzed to identify abnormal interactions and correlate these with the infants' behavior. The data were collected on 50 mother--child dyads of black inner-city families. Intervention programs have been developed for premature infants on the basis of the normative data. In the intervention phase, 3 groups will be formed: (1) Infants are stimulated; (2) Mothers are trained; (3) Infants are stimulated and mothers are trained.

**Research Results:** The normative data are currently being analysed and data on the effectiveness of the interventions are being collected.

**CR-00019**

American Humane, Englewood, Colo.  
5351 South Roslyn  
Englewood, CO 80110

**National Study on Child Neglect and Abuse Reporting.**

Brown, L.; Lebsack, J. R.

Aug 73-Dec 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To establish a national system of uniform child abuse and neglect data collection and analysis.

**Research Methodology:** A standardized reporting form is distributed to participating states, and a training session is provided to ensure uniformity of definitions. Data received from state departments of social services and Regional Resource Centers are gathered and returned both to the states and to research organizations in the form of tables and cross-relationships. Standard Form 0024 developed by American Humane is the primary data-gathering instrument.

**Research Results:** Data for the years 1974, 1975, and 1976 have been gathered and tabulated. Specific findings have been made by individual researchers and organizations based on these data. The concept of a uniform reporting system has been shown to be sound.

**CR-00020**

Illinois State Dept. of Children and Family Services,  
Springfield. Program Support Services.  
623 E. Adams St.  
Springfield, IL 62706

**Illinois Child Abuse Training Project.**

Buhrman, J.; Reid, D. B.; Conyers, J.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of the training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.



**Research Methodology:** The demonstration will be carried out in over half of the Department of Children and Family Service's administrative and service areas with training of professional and paraprofessional staff responsible for intake, investigation, follow-up, and treatment of child abuse and neglect. Consecutive sessions of 1-5 days will be held using the curriculum's core units and the specialized unit for social workers. Direct training and train-the-trainers methods will be used, and about 1,000 trainees are expected to benefit.

**Research Results:** Results are being analyzed.

#### CR-00021

Pennsylvania State Univ., University Park. Inst. for the Study of Human Development.  
University Park, PA 16801

#### Social Interaction Patterns Relating to Child Abuse and Neglect.

Burgess, R. L.  
Jun 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To determine whether specific interaction patterns distinguish child-abusing families from non-abusing families.

**Research Methodology:** Observations are made in homes of abuse, neglect, and matched control families. The Behavioral Observation Scoring System has been adapted for data collection. Data are compared within and across family types by using standardized inferential statistics.

**Research Results:** Abusive and neglectful families have lower rates of interaction, lower rates of positive exchanges, and much higher rates of negative interaction than control families. Distinctive, highly emotionally charged styles of interaction occur between abused children and the perpetrators of the abuse.

#### CR-00022

Prince George's County Hotline, Inc., Riverdale, Md.  
6100 Rhode Island Ave.  
Riverdale, MD 20840

#### Prince George's County Hotline Survey on Adolescent Abuse.

Cabot, D.; Geldof, D.  
Jun 75-Mar 76

National Inst. of Mental Health (DHEW), Bethesda, Md.

**Research Purpose:** To collect statistics on adolescent abuse calls to a crisis hotline.

**Research Methodology:** During a 6 month period crisis hotline phone aides filled out questionnaires on adolescent callers. Statistical variables for which data were collected included sex, race, age, geographic location, referral and disposition, nature of abuse, family status, and existing family concerns. Fourteen male callers were surveyed in the first 3 months and 15 female callers were surveyed in the second 3 months.

**Research Results:** A final report is in preparation.

#### CR-00023

National Council of Juvenile Court Judges, Reno, Nev.  
Box 8000 Univ. of Nevada  
Reno, NV 89507

#### Concern for Children in Placement.

Cain, V.

Jul 74-Jun 76

Edna McConnell Clark Foundation, New York, N.Y.

**Research Purpose:** To (1) investigate the situations of children placed through the juvenile justice system; (2) create public awareness of the danger posed to children's rights to a secure and happy home resulting from the lack of periodic judicial review after temporary placement; (3) propose remedial legislative amendments; and (4) develop a national guidebook and videotape training program for improvement of child placement considerations and programs.

**Research Methodology:** Judicial records from 13 courts throughout the U.S. were surveyed for cases of court-ordered child placement following child abuse or neglect conviction; long term followup ensued. Functional cooperative agency plans are being established in the target judiciary areas to promote judicial review and provide data for development of the guidebook. Statute analysis is being performed to develop new legislation.

**Research Results:** Actual figures are being computerized. One indicator is that many children in placement have not had their cases reviewed for 56 months. Few states have a mandatory annual (or less) review. Children remain in placement when there is no possibility of returning to family. Termination of parental rights is not initiated where justified. Many children appear to be in placement indefinitely. The compilation of a comprehensive profile of temporary placements in the U.S. will complete the first phase of the study. A proposed second phase will expand the review procedure to 25 more courts, begin use of tools developed in the first phase, and conduct follow-ups of selected cases to determine the effectiveness of the project.

#### CR-00024

New York State Dept. of Social Services, Albany. Bureau of Child Protective Services.  
1450 Western Ave.  
Albany, NY 12243

#### Child Abuse Training Project.

Cameron, J.  
Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** Training sessions for state Department of Social Services personnel are being provided at facilities in various school districts around the state. The

sessions are interconnected by a 2-way closed-circuit television, allowing portions of the training to involve participation of a broad group of trainees. Training sessions are videotaped for review by trainers and trainees. The core NCCAN curriculum is utilized for new caseworkers with the specialized social work unit for more experienced caseworkers.

**Research Results:** Results are being analyzed.

#### CR-00025

Utah Univ., Salt Lake City. Graduate School of Social Work.

Salt Lake City, UT 84112

**Children of Narcotic Addicts: An Invisible Population.**

Carter, L.; Dea, K. L.

Oct 75-Jun 76.

**Research Purpose:** To identify and describe areas of vulnerability associated with children born to drug addicts, and focus attention on incidents of neglect and abuse that require the intervention of human services professionals.

**Research Methodology:** Natural and surrogate parents who currently have in their care children (between 1 month and 5 years of age) who were born to drug-dependent parents were surveyed via questionnaires to obtain their perceptions of the children's physical development, social adjustment, and any problems they may have. Parenting patterns, continuity of parenting, characteristics of homes in which the children reside, problems with regard to physical and social adjustment, and environmental influences will be discussed. The study includes 4 men, 22-37 years old and 73 women, 16-69 years old. Seventy-seven children are included in the study.

**Research Results:** Data are currently being analyzed.

#### CR-00026

Sinai Hospital of Baltimore, Md.

Belvedere and Greenspring

Baltimore, MD 21209

**Family Care Clinic of Sinai Hospital, Inc.**

Chabon, R. S.

71-Jul 76

Maryland State Dept. of Health and Mental Hygiene, Baltimore.

**Research Purpose:** The research aspect of this program analyzes the multidisciplinary approach to problems of abusive parents and their children.

**Research Methodology:** Standards of measurement of progress of families were developed and used to examine social work approaches to child abuse cases. Compilation and analysis of these data comprised the material for program evaluation and longitudinal studies. The study included more than 60 sets of parents and over 75 children (1 month to 12 years old).

**Research Results:** Continuing data collection and analysis have yielded 2 published reports, 2 awaiting publication, and 1 in preparation.

#### CR-00027

Mexican American Neighborhood Civic Organization (MANCO), San Antonio, Tex.

118 Broadway Rm 327

San Antonio, TX 78205

**San Antonio Child Abuse and Neglect Research Project.**

Chapa, D.; Luebbert, G.

Jul 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To investigate the relationship between child abuse and child neglect and drug abuse.

**Research Methodology:** Data will be gathered from interviews and questionnaires given to 5,000 adults divided into groups of (1) child abuse and child neglect parents; (2) substance abuse parents; and (3) general population of parents (normal control group). Instrumentation is developed and preliminary data collection began in May 1976.

**Research Results:** Data collection is in progress.

#### CR-00028

Berkeley Planning Associates, Calif.

2320 Channing Way

Berkeley, CA 94704

**Evaluation, National Office of Child Development (OCD) and Social Rehabilitation Service (SRS) Joint Demonstration Program in Child Abuse and Neglect.**

Cohn, A. H.

Jun 74-Oct 77

Health Resources Administration (DHEW), Bethesda, Md.

**Research Purpose:** To (1) measure both the progress toward and the cost of reaching the demonstration program goals; (2) analyze the client flow, organizational structure, and dynamics of service components; (3) compare the costs of different project activities; (4) assess the impact projects have on the abusive parents and their children; and (5) assess the impact individual projects have on the communities in which they reside.

**Research Methodology:** Formative and summative evaluation is being performed using identification, analysis, and assessment of program goals, service system strategies, costs, and community and client impact. The assessment is being done on eleven joint OCD and SRS demonstration child abuse and neglect projects including The Family Center, Adams County, Colo.; Pro-Child, Arlington, Va.; Child Protection Center, Baton Rouge, La.; Child Abuse and Neglect Demonstration Unit, Bayamon, Puerto Rico; Arkansas Child Abuse and Neglect Project, Little Rock, Ark.; Family Care Center, Los Angeles, Calif.; Child Development Center, Neah Bay, Wash.; Family Resource Center, St. Louis, Mo.; Parent and Child Effective Relations Project, St. Petersburg, Fla.; Panel for Family Living, Tacoma, Wash.; and Protective Services Demonstration Project, Union County, N. J.

**Research Results:** The projects' implementation process has been studied in depth; the kinds of operational and

management problems encountered during the 3 years of operation as demonstration programs have been identified; analysis of the cost structure of each project has been completed; descriptive statistics about the caseloads have been produced and analysis of impact of services on clients has been completed; baseline data describing the community system in which these projects operate have been analyzed in relation to community data collected after three years of operation. The quality of case management practices has been studied in depth, as has the existence and causes of worker burnout. Final reports on management, costs, impact, and client outcome are available. **Publications:** (1) Cohn, A. H. et. al. "Evaluating Innovative Treatment Programs in Child Abuse and Neglect." *Children Today* 4 (3):10-13, May-June 1975. (2) Cohn, A. H. et. al. *Case Studies of Ten Child Abuse and Neglect Demonstration Projects: First Year of Federal Funding.* Berkeley Planning Associates, Calif., 1975.

**CR-00029**

Children's Mission, Inc., Boston, Mass. Parents and Children's Services.  
329 Longwood Ave.  
Boston, MA 02115

**URSA Child Abuse and Neglect Demonstration Training Grant.**

Conner, G. L.  
Aug 76-Jul 77  
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To evaluate the use of the training curriculum developed for the National Center on Child Abuse and Neglect by Urban and Rural Systems, Inc.

**Research Methodology:** Eighty trainees are presently using the curriculum.

**Research Results:** Data collection is in progress.

**CR-00030**

International Association of Chiefs of Police, Gaithersburg, Md.  
11 Firstfield Rd.  
Gaithersburg, MD 20760

**Professional Continuing Education Demonstration Projects on Child Abuse and Neglect.**

Crosby, A.  
Aug 76-continuing.  
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To develop, test, and distribute child abuse and neglect training materials aimed at law enforcement personnel.

**Research Methodology:** Existing child abuse and neglect training materials will be modified to facilitate learning by police officers. Police officers around the country will participate in the training programs. Questionnaires will be used to collect evaluation data.

**Research Results:** The data are being analyzed.

**Publications:** *The Police Perspective in Child Abuse.* Gaithersburg, Maryland: International Association of Chiefs of Police, April, 1977.

**CR-00031**

New Jersey State Div. of Youth and Family Services, Trenton. Bureau of Research, Planning, and Program Development.

1 S. Montgomery St.  
Trenton, NJ 08625

**Epidemiological Study of Child Deaths in New Jersey in 1974.**

Crowley, C.; Magura, S.  
Jan 76-Oct 76

New Jersey State Div. of Youth and Family Services, Trenton.

**Research Purpose:** To (1) identify types of deaths in children that might be prevented through social intervention; and (2) to provide an accurate estimate of the number and proportion of deaths attributable to child maltreatment.

**Research Methodology:** The project will employ a statistical analysis of data from matched vital statistics and Dept. of Youth and Family Services records on the causes and circumstances of the 1974 deaths of 1,500 children aged 7 days to 18 years.

**Research Results:** The data are being analyzed, and a literature survey has been conducted. Publication of the findings is planned.

**CR-00032**

National Urban League, New York, N.Y.  
500 East 62 St.  
New York, NY 10021

**Project Thrive: Enhancing the Black Family and Protecting the Children.**

Curry, D.  
Jun 75-Jun 78  
National Center on Child Abuse and Neglect (DHEW) Washington, D.C.

**Research Purpose:** To (1) ascertain levels of awareness of child abuse and neglect and child-rearing practices among members of the black community in selected cities in Indiana and Ohio; and (2) identify services provided and areas of need in various agencies which deal with child abuse and neglect.

**Research Methodology:** Adult male and female members of the black communities in 14 cities in Indiana and Ohio will be interviewed in their homes. Communities will be selected on a nonprobability basis. Representatives of social service agencies, schools, hospitals, and criminal justice departments in Columbus, Ohio and Indianapolis, Indiana, will be interviewed to identify services provided by these agencies.

**Research Results:** More than 50 percent of the agencies contacted reported that they provide the following serv-

ices: referrals, counseling, emergency services, medical services, and training. Emergency services, counseling, transportation, and financial services were reported to be the most difficult to provide. Blacks were listed by 41 percent of the respondents as the abuse and neglect cases their agencies handled. Sixty-six percent of the respondents indicated that their agencies handled both abuse and neglect. Data collection from the individual members of the black communities is still in progress.

**CR-00033**

Cumberland River Comprehensive Care Center, Corbin, Ky.

P.O. Box 568

Corbin, KY 40701

**Child Abuse and Neglect Project.**

Dane, R.; Jackson, C.

Jan 76-Jun 77.

**Research Purpose:** To identify the type and frequency of the Comprehensive Care Center's services utilized in responding to the incidents of child abuse and neglect in a one-year period, June 1976 - July 1977, in order to aid the future planning of services.

**Research Methodology:** Clientele will be classified by age, sex, type of charge, and type of service. The report will also include a description of interagency relationships.

**Research Results:** Data collection is in progress.

**CR-00034**

Wisconsin State Dept. of Public Instruction, Madison.  
Div. of Instructional Services.

126 Langdor St.

Madison, WI 53702

**Wisconsin Department of Public Instruction Training Project.**

Davis, I. L.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To (1) demonstrate the effectiveness of a curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect; and (2) to develop a resource booklet for Wisconsin school districts that wish to implement a school policy regarding child abuse and neglect.

**Research Methodology:** Ten trainer-planners will assist 5 school districts in selecting and training a cross-discipline team for each district. Intensive training will be provided for a core of 35 participants who will train educators to help other districts in their regions develop prevention programs and policies and procedures for identification, referral, and reporting of child abuse and neglect. Each region will then have a resource for child abuse and neglect composed of educational personnel. The resource booklet, which will be sent to all Wisconsin school dis-

tricts, will include a rationale for school involvement in child abuse and neglect; information about community cross-discipline teams; and national, state, and local resources. Project staff is also involved in legislative review of the Wisconsin Child Abuse and Neglect Law.

**Research Results:** Results are being analyzed.

**CR-00035**

Urban and Rural Systems Associates, San Francisco, Calif.

Pier one and a half

San Francisco, CA 94111

**Development of Child Abuse and Neglect Training Materials.**

Day, N. A.

Dec 74-Oct 76

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To develop curricula and materials on the identification, reporting, and referral of child abuse and neglect for a multidisciplinary audience of social workers, law enforcement and criminal justice personnel, educators, and medical and health personnel.

**Research Methodology:** A literature survey of existing training materials, curricula, and activities is being conducted.

**Research Results:** Data collection is in progress.

**CR-00036**

Saint Louis Univ., Mo. Cardinal Glennon Memorial Hospital.

1465 S. Grand St.

St. Louis, MO 63104

**Child Abuse Management: An Operational Interdisciplinary Approach.**

DeCastro, F. J.

Jan 75-Dec 78

Saint Louis Univ., Mo. Cardinal Glennon Memorial Hospital.

**Research Purpose:** The research component of this program consists of an evaluation of the effectiveness of an interdisciplinary approach to child abuse management.

**Research Methodology:** Data will be collected from longitudinal followup of children handled by the team consisting of a physician, lawyer, and social service worker.

**Research Results:** Preliminary conclusions are that cooperation of the interdisciplinary team improves child abuse management.

**CR-00037**

Odyssey House, Inc., New York, N.Y.

210 E 52nd St.

New York, NY 10035

**Odyssey House Parents Program -- Demonstration Project.**

Densen-Gerber, J.; Wathey, R. B.

Sep 74-Sep 77

National Inst. of Drug Abuse (DHEW), Rockville, Md.

**Research Purpose:** To (1) study the role of childhood physical abuse, neglect, and sexual abuse in drug addiction among women; (2) examine the failure of social agencies to intervene effectively in the prevention of abuse and neglect of the children of drug-addicted parents; and (3) assess quality parenting by drug-addicted women and develop tools for modifying parental abuse or neglectful behavior.

**Research Methodology:** Structured observations and psychological tests are used to show changes in parents and children and specifically to check development in the child. Structured interviews were conducted to obtain information on incest, rape, and emotional and physical abuse. Various subpopulations were determined within the group by sociodemographic and sociopsychological variables. Data were also collected on social agency response to child abuse by studying case reports and identifying decision points where alternative decisions might have been made. Women addicts in other programs and other nonaddict child-abusing parents were tested for comparison.

**Research Results:** These female addicts showed a high incidence of incest in their background and had very poor self-concepts as women and as parents. The children showed normal development except in language development. The sample showed an incest rate of 38-44 percent among females, and 25 percent among males.

#### CR-00038

Washington School of Psychiatry, D.C.

1610 New Hampshire Ave., N.W.

Washington, DC 20009

**Assistance to Teachers and Other Pre-School and School Personnel Required by Law to Report Child Abuse and Neglect Cases: A Research and Demonstration Project.**

Dillingham, J. C.; Melmed, E. C.

May 76-Jun 77

**Research Purpose:** To investigate how the experience of observing or reporting child abuse and neglect cases affects school personnel.

**Research Methodology:** Fifty school teachers and other school or preschool personnel observing or reporting child abuse and neglect cases are interviewed to record their reporting and their impressions in this newly defined role. Nonstandardized questionnaires are also used for data collection, one form for those who observed and reported child abuse or neglect, and another for those who observed but did not report.

**Research Results:** Data are being collected.

#### CR-00039

Texas State Dept. of Public Welfare, Austin.

3000 S. Interregional Hwy.

Austin, TX 78702

**Child Abuse and Neglect Resources Demonstration (CANRED) Project.**

Dinges, J. B.

Jan 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To (1) evaluate and improve components of current Texas Dept. of Human Resources (TDHR) case identification methods, specifically the Child Abuse and Neglect Report and Inquiry System (CANRIS) and the public information campaign; (2) design and test specific methodologies for protective services needs and resources assessments; and (3) design models for use by TDHR staff to develop and coordinate resources for services identified as needed for the prevention and treatment of child abuse and neglect.

**Research Methodology:** The CANRIS evaluation involves survey research utilizing interviews, questionnaires, and case readings in an effort to determine if the registry system complies with its legal mandate and stated purposes. The public information campaign evaluation involves an experimental research design comparing experimental and control groups to evaluate the effectiveness of the public information campaign materials developed for 4 target groups. The needs and resource assessments involve exploratory survey research utilizing questionnaires, interviews, and case readings to develop a data base for identifying protective service needs and current and potential resources. These data will form the basis for design of community resource development models in the project's 6 sample urban and rural counties.

**Research Results:** The evaluation of the public information campaign found the campaign effective overall in educating specialized audiences. The CANRIS evaluation found the system to partially comply with its legal mandate and stated purpose and recommended the development and implementation of policies on cooperation with other states, development of a plan to make other agencies aware of the registry, and improvement of training on registration and updating reports. The needs and resources assessment resulted in a systematic approach to resource development and coordination that was successfully demonstrated at the local and county level.

**Publications:** Texas State Dept. of Human Resources, Austin. (1) Child Abuse and Neglect Report and Inquiry System (CANRIS) Evaluation Report, July 1976; (2) Public Information Campaign (PIC) Evaluation Report, July 1976; (3) Needs and Resources Assessment Report, September 1976; (4) Procedural Guide for Needs and Resources Assessment, June 1977; (5) Procedural Guide for Resource Development and Coordination, June 1977.

#### CR-00040

Washington Univ., Seattle.

T 402 Health Sciences SC-74

Seattle, WA 98195

**Measures to Predict Child Abuse.**

Disbrow, M. A.; Caulfield, M. C.; Doerr, H. O.

Jul 74-Dec 76

Bureau of Community Health Services (DHEW), Bethesda, Md.

**Research Purpose:** To develop criteria for the assessment of parental potential for child abuse and neglect by investigating (1) parental characteristics such as recall of own childhood, personality traits, attitudes toward child rearing, social network resources, and ways of handling irritating child behaviors; (2) parent-child interaction patterns; (3) parent psychophysiological response to infant, child and social stimuli; and (4) the effect of age, sex, race, education, and marital status on the above considerations.

**Research Methodology:** There will be 2 testing sites, the subjects' homes and the university. In the home, each parent will be interviewed and videotaped while interacting with the infant or child. At the university, each subject will fill out a questionnaire and will have physiological testing (respiration, skin temperature, heart rate, blood volume, pulse, and galvanic skin response) while watching color television tapes of pleasant and stressful parent-child interaction. The taped parents will be of the same race as the subject with a child the same age as the subject's child. Both bivariate and multivariate analysis of data will be utilized including zero order and multiple correlations, factor analysis, and path analysis. The sample population will include 120 families.

**Research Results:** Data collection is still in progress and some data analysis has begun.

**CR-00041**

White (E. H.) and Co., San Francisco, Calif.

347 Clement St.

San Francisco, CA 94118

**Development and Conduct of a System of Evaluation for Demonstration Centers in Child Abuse and Neglect.**

Doty, E. F.; Houston, T. R.

Dec 74-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To conduct a formative evaluation of 12 demonstration centers established by the National Center on Child Abuse and Neglect.

**Research Methodology:** Management development assistance is being provided and a management information system (MIS) is being developed to collect baseline data (in standard form) on demonstration programs such as the Hawaii Child Abuse Demonstration Project at Kauaikeolani Children's Hospital in Honolulu and the Central Texas Council of Government's Child Abuse and Neglect Organization in Belton. Reports based on the MIS will be chiefly computerized and their evaluation components will include organizational bases and service modes, service volume, unit costs, and some attempt to identify measures of impact upon coordination of services, abuse and neglect incidence, and recidivism.

**Research Results:** The first quarterly report will be released at the end of October, 1975. All of the demonstrations are operational.

**CR-00042**

Charles R. Drew Postgraduate Medical School, Los Angeles, Calif.

1620 E. 119 St.

Los Angeles, CA 90059

**Family Treatment Center for Child Abuse.**

Douglas, F. M.; Greenberg, R.

May 74-May 77

Office of Child Development (DHEW), Washington, D.C.; Los Angeles County Dept. of Public Social Services, Calif.

**Research Purpose:** To (1) demonstrate an alternative to separation and incarceration of the parent and placement of child in a foster home; (2) demonstrate viable and effective treatment methods for child abuse; and (3) train foster parents to care effectively for abused children.

**Research Methodology:** Children and their families will receive individual and group therapy and milieu therapy. Foster parents taking children who must be placed will participate in the center's activities and receive training to ease the child's entry into the foster home. Program evaluation of this demonstration project will be performed by Berkeley Planning Associates.

**Research Results:** A staff including foster grandparents has been trained, and children are being screened for admittance to the program.

**CR-00043**

Albany County Dept. of Social Services, Albany, N.Y.

Child Protective Service.

40 Howard St.

Albany, NY 12207

**Child Protective Service Evaluation Study.**

Doyle, L.

Sep 75-Dec 76

Albany County Dept. of Social Services, Albany, N.Y.

Child Protective Service.

**Research Purpose:** To (1) examine the incidence, trends, and demographics of neglect and abuse in Albany County, as reflected in Child Protective Service cases; (2) review the Child Protective Service response in handling cases; (3) investigate factors involved in recidivism; and (4) evaluate the effectiveness and range of services provided to families by the Child Protective Service.

**Research Methodology:** This project is planned to be continued as an ongoing evaluation unit after 1 year of operation. Data are extracted directly from the case records on all families referred to the Child Protective Unit, utilizing a specially designed format. An update of this information is collected semiannually from cases receiving long-term services or being monitored through the Child Protective Unit, or at any point that an additional report is received on an active case (including cases still under investigation). Analysis of data will occur on a yearly basis, with the exception of recidivism concerns, which will be examined on an ongoing basis, as determined by the actual occurrence of re-entry of the case by the unit.

**Research Results:** Data collection is in progress.

**CR-00044**

American Public Welfare Association, Washington, D.C.  
1155 16th St. N.W.  
Washington, DC 20036

**Child Abuse and Neglect Training Project.**

Draws, K.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** The American Public Welfare Association (APWA) is evaluating the curriculum through a training program for staff development officers in all 10 Federal regions, and technical assistance demonstrations at 5 or more sites across the nation. This approach is designed to reach a broad audience of professional child abuse and neglect policy makers and practitioners, including the constituent membership of the APWA in all state and territorial public welfare agencies.

**Research Results:** Results are being analyzed.

**CR-00045**

Pinellas County Juvenile Welfare Board, St. Petersburg,  
Fla.

3455 First Ave. South  
St. Petersburg, FL 33711

**Parent and Child Effective Relations (PACER).**

Edwards, R.; Bennett, C.

May 74-Apr 77

Office of Child Development (DHEW), Washington, D.C.

**Research Purpose:** The research component of this program is designed to demonstrate a community coordination model for child abuse and neglect and to assess the effectiveness of a preventive program in decreasing the incidence of child abuse and neglect. Prevention, early identification, services, and corrective components are combined with an effort to stimulate a coordinated community system.

**Research Methodology:** Methods include comparative study of reporting statistics, process analysis, and comparisons of planned versus actual program performance. Early identification on a random sampling basis is being attempted with research to assess use of services by persons included in the sample. This random sample represents 14 percent (255 cases) of the 1819 compiled valid reports. Administration of programs is also being carefully monitored and assessed. Cost analysis, narrative description, and analysis of effectiveness of client services are being performed by Berkeley Planning Associates.

**Research Results:** Data collection is still in progress.

**CR-00046**

Minnesota Univ., Minneapolis. School of Psychology  
Training Program.

N 548 Elliott Hall  
Minneapolis, MN 55455

**A Prospective Study of the Antecedents of Child Abuse.**

Egeland, B.; Deinard, A.

May 75-Jul 78

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To identify high-risk situations for abuse and neglect by studying characteristics of a group of pregnant women, the temperament of their newborns, and the interaction of mother and infant during the first year of life; and investigate the hypothesis that in situations where mothers' expectations are unrealistic and rigid the mother and infant will not interact in a synchronous fashion which in turn will place the child in a high-risk situation for abuse or neglect.

**Research Methodology:** This investigation is a prospective, longitudinal study. The child-rearing attitudes and expectations of 225 mothers are obtained prenatally and 3 months after the infant is born. At 3, 6, and 9 months mother-infant interactions are observed and the infant's attachment to his mother is studied at 12 months.

**Research Results:** The reliabilities, factor structures, and interrelationship of 3 independent measures of infant temperament were calculated. Factor analyses of measures given to mothers before delivery and 3 months after yielded 6 factors which were similar across the two testing periods. Interrater reliabilities on mother-infant interaction observations were excellent. The best predictors of interaction observations were mother's psychological awareness of baby's complexity; mother's interest factor from nurses rating scale; and mother's aggression-suspiciousness and self-assurance. Twenty-nine infants have been identified as not receiving proper care. The mothers of these infants are younger, have more difficulties with their own mother, have fewer friends, and are more likely to leave their baby with a friend. There is also a higher incidence of family problems. The target children had a higher incidence of birth complications and deviant scores on the Brazelton Neonatal Assessment Scale. Factors which discriminated best between the two groups of mothers were the mother's expectations and mother's understanding of the emotional complexity of the baby.

**Publications:** (1) Taraldson, B.; Brunnel, D.; Dienard, A.; Egeland, B. Psychometric and Theoretical Credibility of Three Measures of Infant Temperament. New Orleans, Society for Research in Child Development, March 1977; (2) Taraldson, B.; Egeland, B.; Brunnel, D. Observation of Waiting Room and Feeding Situation: Technical Manual. Minneapolis, University of Minneapolis, 1977.

**CR-00047**

Westat, Inc., Rockville, Md.

11600 Nebel St.

Rockville, MD 20852

**National Study of the Incidence and Severity of Child Abuse and Neglect.**

Eldred, C. A.; Walsh, B. T.  
Jul 76-Dec 78

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To (1) formulate operational definitions of child abuse and neglect and associated data collection methodologies; and (2) to collect data to produce statistics on the national incidence of child abuse and neglect.

**Research Methodology:** The project has 2 phases: (1) conduct a pretest of several methodological alternatives and, using information obtained during the pretest, design a national study plan (July 1976-December 1977); and (2) conduct the national study, analyze the data, and produce a final report of the findings (January-December 1978). Three types of data collection are involved in Phase 1: (1) a prospective survey of front-line professionals in selected communities; (2) a self-report survey of parents; and (3) examination of secondary data. Interviews with parents will be 15-20 minutes long, and will cover issues related to the health, safety, and general well-being of children in the home, using a questionnaire developed for this purpose. These data collection methods will be evaluated on the basis of the quality of the data obtained and the numbers of acceptable cases identified. The study design and implementation are being developed in cooperation with Development Associates, Inc., Washington, D.C.

**Research Results:** The study is in a preliminary phase.

**CR-00048**

Children's Hospital of Buffalo, N.Y.  
219 Bryant St.  
Buffalo, NY 14222

**Recognition and Follow-up of Child Abuse and Neglect Cases Requiring Hospitalization.**

Ellerstein, N. S.  
Dec 74-Sep 77

Children's Hospital of Buffalo, N.Y.

**Research Purpose:** To determine patterns of recognition and followup in abused and neglected children.

**Research Methodology:** The study consists of 312 cases recognized as possible abuse or neglect according to the discharge diagnosis on the hospital chart from a 13-year period. The cases are evaluated in terms of many parameters affecting recognition and followup of children hospitalized for child abuse and neglect and include children up to 17 years old. Comparisons will be made with children hospitalized for reasons other than abuse.

**Research Results:** Data analysis is in progress.

**CR-00049**

Parental Stress Center, Pittsburgh, Pa.  
918 S. Negley Ave.  
Pittsburgh, PA 15232

**Child Abuse: An Interdisciplinary Training Model.**

Elmer, E.  
Jul 74-continuing.

**Research Purpose:** The research aspect of the program lies in the evaluation of the criteria which will be used to develop and test a model for the simultaneous training of representatives of the various professions which have primary responsibility for the identification and management of child abuse.

**Research Methodology:** A multidisciplinary staff developed the training model and tested it in 4 different communities. The evaluation of the test model concentrated on assessing the short-term impact on the 85 participants, using a before and after technique and adapting certain well-known instruments. Future intentions are to continue the training; conduct a more in-depth evaluation; compare methods of case management before the training with methods after the training; and assess the communications between the relevant agencies in the community before and after the training program.

**Research Results:** Reception was uniformly positive with the accent on increased respect for the reporting law and the role of the police and the law. In 2 communities the trainee group has continued to meet and to pursue better methods of dealing with children's problems, particularly abuse.

**CR-00050**

Sinai Hospital of Baltimore, Md. Pediatric Family Clinic.  
1708 W. Rogers Ave.  
Baltimore, MD 21209

**Pediatric Family Clinic Evaluation.**

Ephross, P. H.  
Jul 71-Jun 76

Sinai Hospital Child Abuse Program, Baltimore, Md.

**Research Purpose:** To evaluate services designed to effect behavioral change in abusing and neglecting families.

**Research Methodology:** Data are collected via organizational analysis; compilation of case data with structured questionnaires; analysis of staff records about consumers; follow-up interviews with a sample of consumers; and statistical comparison of ratings by the staff on previous clients. Approximately 40 men, 75 women, 38 boys, and 37 girls are expected to be served at completion of the project.

**Research Results:** Preliminary conclusions show a definite demographic profile of clients, demonstrate the project's effectiveness plus efficiency of staff utilization, and indicate the usefulness of consumer judgments of services. Predisposing patterns of abuse are also being examined.

**CR-00051**

Denver Dept. of Health and Hospitals, Colo. Developmental Evaluation Center.  
646 Delaware  
Denver, CO 80204



**A Prospective Study in Child Abuse.**

Fitch, M. J.

Jul 72-Jul 76

Office of Child Development (DHEW), Washington, D.C.

**Research Purpose:** To identify the incidence of child abuse and neglect in Denver; follow the developmental (emotional and intellectual) progress of abused children; and test the outcome of coordinated, personalized services to abusive families.

**Research Methodology:** All abused and nonorganic failure-to-thrive children are tested while in the Pediatric Ward at Denver General Hospital. They are assigned randomly to experimental and control groups. Each child is evaluated upon entrance and then re-evaluated (cognitively and physically) 6 months later, and again in another year. A completely normal control group is tested on the same schedule for further comparison. Intervention for the experimental group is provided by a social worker and a public health nurse who coordinate services needed by each family while providing necessary psychotherapy. The sample consists of 140 children from birth to 6 years old and 250 parents.

**Research Results:** Indications are that the study children score significantly lower on cognitive tasks than do the normal control children. The study families have a higher percentage of Anglo-Americans than in the general patient population of Denver General Hospital. Data collection is in progress.

**CR-00052**

Arkansas State Dept. of Health, Little Rock.

4815 W. Markham St.

Little Rock, AR 72201

**Arkansas Child Abuse Training Program.**

Fitzhugh, A. S.; Anderson, B.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** The Arkansas Department of Health has contracted with Suspected Child Abuse and Neglect (SCAN), Inc., to provide professional consultants to train public health nurses, physicians, social workers, Department of Social Service service specialists, outreach workers, emergency room personnel, prosecuting attorneys, and judges to identify child abuse and neglect. The training will be carried out in the state's 8 regions. Eight 3-day training workshops are being provided.

**Research Results:** Results are being analyzed.

**CR-00053**

Children's Hospital of Buffalo, N.Y. Dept. of Medical Photography.

219 Bryant St.

Buffalo, NY 14222

**Photography of Suspected Child Abuse and Maltreatment.**

Ford, R. J.; Smistek, B. S.

Oct 74-continuing

Children's Hospital of Buffalo, N.Y.

**Research Purpose:** To establish a general policy as a guideline for biophotographers to follow for photographing patients who are victims of child abuse, maltreatment, or sexual abuse; and educate hospital physicians and biophotographers in following the guideline.

**Research Methodology:** Biophotographers in 64 children's hospitals in the U.S. and Canada were surveyed regarding their methodology. Legal interpretations of state photography laws are being studied and evaluated. Photographs are being evaluated for technical points. Legal agencies, case-workers, state legislators, lawyers, and judges are being consulted on the value of photography and the legal criteria for evidence in personal injury, abuse, and maltreatment. Biophotographers are contacted again on methodology in 2 years after the original survey. Biophotographers in general hospitals are also being surveyed. Anecdotes are being collected from photographers and physicians who have had difficulty in testifying regarding photographs submitted as evidence.

**Research Results:** Thirty-two hospitals responded to the survey. Analysis of the survey supports the conclusions that (1) very few photographic departments have knowledge of rules of evidence; (2) hospital physicians tend to ignore requirements or are ignorant of the evidential value of photos; and (3) police photographers (who take most abuse photos in hospitals) do not know how to photograph personal injuries or understand necessary lighting methods to reveal subtle lesions. Preliminary planning is underway for a series of articles in the Journal of the Biological Photographic Association, including a comparison of various state laws regarding photography, techniques in studio and on-location, anecdotes of court testimony by physicians and photographers, and a suggested general outline of photography policy in child abuse cases.

**CR-00054**

Child Development Project, Ann Arbor, Mich.

201 E. Catherine St.

Ann Arbor, MI 48104

**An Infant Mental Health Program.**

Fraiberg, S.

Sep 72-May 78

National Inst. of Mental Health (DHEW), Rockville, Md.; Michigan State Dept. of Mental Health, Ann Arbor, Mich.; The Grant Foundation, New York, N.Y.

**Research Purpose:** To: (1) develop psychiatric treatment methods for infants with moderate to severe developmental problems; (2) develop measures for assessing change in

infants and parents before and after treatment; and (3) apply these measures in a study of treatment outcome for a group of families representing all socioeconomic levels.

**Research Methodology:** The parent is used as the change agent in a home-based program combining psychoanalytically-oriented treatment for the parent-child pair, with developmental guidance and support. Affective and social development is emphasized. Naturalistic observations from home visits recorded in narrative form; playroom visits; and developmental (Bayley) testing supply study data. Criteria for judgments of risk and change are being developed.

**Research Results:** Intervention that focuses on parent-child attachment and interaction; supports parental adequacy; and provides developmental information that can prevent or reduce risks to early ego development in a range of cases previously thought unreachable. The source of the risk or damage to the child (the infant's condition, parental psychological problems, overwhelming life circumstances) did not significantly alter the outcome.

#### CR-00055

North Dakota Univ., Grand Forks. Dept. of Psychology.

Grand Forks, ND 58201

Child Abuse Resource Center of North Dakota.

Friedrich, B.; Boriskin, J.

Jan 76-Aug 79

**Research Purpose:** To evaluate the effectiveness of workshops, lectures, and informal talks in educating professional and lay populations about child abuse and neglect.

**Research Methodology:** The effects of the workshops on the reporting rates of physicians will be analyzed.

**Research Results:** The study is in a preliminary phase.

**Publications:** (1) Friedrich, W. N. "Epidemiological Survey of Reported Child Abuse." *Texas Medicine* 80-84, October 1976. (2) Friedrich, W. N.; Boriskin, J. A. "Ill-health and Child Abuse." *Lancet* 1:649-650, 1976.

#### CR-00056

Northern Iowa Univ., Cedar Falls. Dept. of Psychology.

Wisconsin Univ., Madison. Dept. of Psychology.

Cedar Falls, IA 50613

Possible Contributions of Children to Their Own Abuse.

Frodi, A.; Lamb, M.

Sep 76-continuing.

Wisconsin Univ., Madison. Graduate School Research Committee. National Inst. of Child Health and Human Development (DHEW), Bethesda, Md.

**Research Purpose:** To identify characteristics of infants and children, such as excessive crying, facial features, and child temperament, that may trigger impulsive, aggressive outbursts on the part of parents or parent substitutes.

**Research Methodology:** Heart rate, skin conductance, and blood pressure are measured in parent couples watching 6-minute videotapes of normal or premature infants who are crying or smiling. The parents also fill out Broussard's Perception of Your Own Baby Scale, Perception of the Average Baby Scale, and Bother Inventory; and the Caryl Infant Temperament Scale. Thirty-two couples between the ages of 20 and 35 have been tested.

**Research Results:** The crying of the infant elicited substantial increases in autonomic arousal and in negative feelings (anger, distress, discomfort), while the smiling infant elicited negligible physiological changes and pleasant moods. There were no sex differences on physiological or self-report variables, nor in parents' perception of their own child.

**Publications:** Frodi, A.; Lamb, M.; Leavitt, L.; Donovan, W. "Mothers' and Fathers' Responses to Infant Smiles and Cries." *Infant Behavior and Development*, 1, 1978 (in press).

#### CR-00057

Children's Mission, Inc., Boston, Mass. Parents' and Children's Services.

329 Longwood Ave.

Boston, MA 02115

Parents' Center Project for the Study and Prevention of Child Abuse.

Galdston, R.; Bean, S. L.

Sep 68-continuing

Children's Mission, Inc., Boston, Mass.; Grant Foundation, New York, N.Y.

**Research Purpose:** To (1) develop new techniques to improve services to young abused children and their parents; (2) train personnel to pursue further studies into problems related to child abuse; and (3) study the origins and nature of violence as a force within the family.

**Research Methodology:** This descriptive analysis uses data collected from the worker's initial assessment, weekly charts of progress and developments, weekly conferencing on each case, observations of children and of parent-child interaction, and followup studies on terminated cases. The sample population includes 31 males aged 21 to 34 years; 51 females aged 19 to 37 years; and 80 children ranging in age from 3 months to 4 years, 6 months.

**Research Results:** A final report is in preparation.

**Publications:** (1) Galdston, R. "Preventing the Abuse of Little Children." *American Journal of Orthopsychiatry* 45(3), April 1975. (2) Bean, S. L. "Use of Specialized Day Care in Preventing Child Abuse." *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., 1975.

#### CR-00058

Boys Town Center for the Study of Youth Development, Omaha, Neb.

11414 W. Center Rd.  
Omaha, NE 68144

**The Human Ecology of Child Maltreatment.**  
Garbarino, J.  
Sep 76-Jun 78

**Research Purpose:** To investigate the function of formal and informal support systems in mediating stresses which instigate abuse and neglect of children; and determine whether isolation from social support systems is a necessary condition for child abuse and neglect.

**Research Methodology:** Multivariate analysis of data from 93 census tracts in Douglas County, Nebraska, is used to identify socioeconomic, demographic, and attitudinal correlates as a basis for determining whether neighborhoods are high- or low-risk. High- and low-risk neighborhoods provide the contexts for the assessment of family stresses and supports by an interview technique, the Family Support System Interview, and the Holmes-Rahe Social Readjustment Scale.

**Research Results:** Sixty families have been interviewed; during 1977 and 1978, 180 additional families will be studied. The screening process has identified 12 contrasting areas, based on the discrepancy between actual and predicted rates of abuse and neglect. The multivariate model accounts for 53 percent of variance in reported rates of abuse and neglect per 1,000 families among the 93 census tracts. Family interview data are being analyzed.

**Publications:** Garbarino, J. "The Price of Privacy: An Analysis of the Social Dynamics of Child Abuse." *Child Welfare*, 1977 (in press).

#### CR-00059

Rutgers, The State Univ., New Brunswick, N. J. Graduate School of Social Work.  
New Brunswick, NJ 08901

**Factors Relating to Levels of Child Care Among Families Receiving Public Assistance in New Jersey.**

Geismar, L.; Horowitz, B.; Wolock, I.

Jun 75-continuing  
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To clarify the factors which, interactive with poverty, may make families more likely to neglect or abuse their children.

**Research Methodology:** Three hundred eighty maltreating families will be compared with 144 families who were not identified as maltreating their children. Factors assessed in each family included family structure and functioning; childrearing knowledge, attitudes, and practices; child and parental health; drugs and alcohol; awareness and use of available community resources; and material level of living.

**Research Results:** Data analysis is in progress.

#### CR-00060

Rhode Island Univ., Kingston. Dept. of Sociology.  
Kingston, RI 02881

#### **The Social Construction of Child Abuse.**

Gelles, R. J.

Apr 74-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To examine labeling and classification processes employed by individuals dealing with suspected cases of child abuse in an attempt to determine a common definition of abuse.

**Research Methodology:** Opinions of physicians, social workers, elementary school principals, police officers, and elementary school counselors were assessed through questionnaires and in-depth interviews.

**Research Results:** Questionnaires have been distributed and data are now being coded and prepared for a preliminary report of results.

**Publications:** (1) Gelles, R. J. "The Social Construction of Child Abuse." *American Journal of Orthopsychiatry*, April 1975. (2) Gelles, R. J. "Demythologizing Child Abuse." *Family Coordinator*, April 1976.

#### CR-00061

Brandeis Univ., Waltham, Mass. Heller Graduate School of Social Welfare.

Waltham, MA 02154

**Societal Violence and Violence in Families.**

Gil, D. G.

Jun 77-Sep 77

**Research Purpose:** To examine the relationship between family violence and structural violence in society (institutional and value aspects of society which obstruct the free unfolding of human potential).

**Research Methodology:** An analysis of the prevailing social structures in the U.S. focuses on: policies concerning the control and use of natural and human-created resources; the organization of work and production; socialization in preparation for the prevailing division of labor; and the distribution of economic, social, psychological, civil, and political rights. A complementary focus of the analysis is the dominant value paradigm and its historical evolution. Data used in the analysis include social, economic, and psychological studies of the U.S. population.

**Research Results:** The scope for human development in the U.S. is limited as a result of widespread structural violence in all institutional domains and in processes of socialization. Violence is prevalent in families as a result of violence experienced by family members in everyday life. Family violence is also a result of a process whereby families prepare their children to fit into a social reality in which they must confront violent dynamics. Violence in families can only be overcome when structural violence in society is transformed, through a paradigmatic revolution toward egalitarian and humanistic values, into a non-violent social order.

**Publications:** Gil, D. G. "Societal Violence and Violence in Families." In: *Proceedings of the Second World Conference of the International Society on Family Law*, Montreal, Quebec, Canada, June, 1977 (in press).

**CR-00062**

California Univ., Los Angeles. School of Social Welfare.  
405 Hilgard Ave.  
Los Angeles, CA 90024

**Early Warning Signals of Severe Neglect and Abuse.**

Giovannoni, J. M.

Jun 74-Jun 77

Community Services Administration (DHEW), Washington, D.C.

**Research Purpose:** To (1) elucidate differentiating factors in the psychosocial, circumstantial, and ecological fabric of child abuse and neglect protective service cases; (2) validate these factors through analysis of families involved; (3) identify elements necessary for or injurious to healthy growth and development of children, and the relative degree of certainty upon which such information is based; and (4) develop a rationale for studying specific situations or populations at varying degrees of risk.

**Research Methodology:** Procedures include (1) a survey of sustained and unsustained cases of child neglect and abuse, in 4 California confines, sampled at various stages of entrance into the protective service system; (2) an intensive interview of a sample of families involved; (3) a literature review; and (4) a survey of experts in which respondents are asked to judge the seriousness of a list of incidents and a second list of types of intervention they would prescribe.

**Research Results:** Data are being collected and analyzed.

**CR-00063**

Baton Rouge Child Protection Center, La.

5825 Airline Highway

Baton Rouge, LA 70805

**Baton Rouge Child Protection Center.**

Glomb, D.

May 74-Apr 77

Office of Child Development (DHEW), Washington, D.C.  
Social and Rehabilitation Service (DHEW), Washington, D.C.

**Research Purpose:** The research component of this demonstration program will consist of program evaluation to determine the effectiveness of such a cooperative service program in reducing child abuse and neglect incidence, helping problem families, and modeling for other similarly proposed programs.

**Research Methodology:** Data are being collected on the number of hospitalized children, source of referral, number of case confirmations, and geographic location. This information along with program descriptive data is being evaluated by Berkeley Planning Associates.

**Research Results:** Data collection and analysis are in progress.

**CR-00064**

State Univ. of New York, Brooklyn. Div. of Child and Adolescent Psychiatry.

Downstate Medical Center, Pav. 11, Rm. 208  
Brooklyn, NY 11203

**Identification and Definition of Factors Causally Associated With Child Abuse and Neglect.**

Green, A. H.

May 75-May 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.; New York City Bureau of Child Welfare, N.Y.

**Research Purpose:** To (1) develop and test measures designed to predict 3 factors associated with child abuse; and (2) test the 3-factor theory with these measures.

**Research Methodology:** One hundred abusive mothers, 100 neglectful mothers, and 100 normal mothers, with children up to 4 years old, will be tested with instruments designed to measure each of the following 3 factors: abuse-prone personality; environmental stress; and child vulnerability. Multivariate statistical procedures (discriminant analysis) will be employed to develop weighted scores for each of the predictor variables. Scales used include the Holmes-Rahe Schedule of Recent Experience and Helfer's Survey on Bringing Up Children. Scales will also be developed to test for these factors in an urban ghetto population.

**Research Results:** The data are being analyzed.

**CR-00065**

Washington Univ., Seattle. School of Social Work.

1417 N.E. 42nd St.

Seattle, WA 98195

**Performance-based Instructional Development Project for Child Protective Service (CPS) Workers.**

Green, J.; Steppe, S. K.

Jul 74-Jun 78

Washington State Dept. of Social and Health Services, Olympia.

**Research Purpose:** To assess the training needs of Child Protective Service (CPS) workers in Washington State; create a performance based instructional multi-media program for child protective workers; and evaluate the effectiveness of that training.

**Research Methodology:** The procedures to be used are: (1) systems analysis of CPS worker functions or documentation of all events which occur in the system and environment which contribute to or inhibit the accomplishment of the child protective service goals; and (2) literature search and review of approximately 1,500 citations, including reading, indexing, and abstracting of 700 citations to the present. A literature review and information retrieval system has been designed and checked for reliability. The program will train a sample of 151 CPS workers.

**Research Results:** Preliminary findings indicate ambiguity of child protective service worker functions and lack of definition. It is one of the more emotionally taxing functions in the social work professions. Average tenure on the job is 18 months. More data are still being analyzed.

**Publications:** Naughton, M. J.; Steppe, S. K.; Hart-Nibbrig, M. Child Protective Services: An Annotated, Cross-

Indexed Bibliography. Seattle Univ. School of Social Work, 1976.

**CR-00066**

Washington State Univ., Pullman. Social Work Program.  
Pullman, WA 99163

**Maximum Feasible Understanding of Abused, Neglected, and Sexually Exploited Children and Their Families.**

Green, T. D.

Nov 75-Apr 76

Social and Rehabilitation Service (DHEW), Washington, D.C.

**Research Purpose:** To evaluate the feasibility and effectiveness of an interdisciplinary training project in assisting human services professionals to develop their knowledge of child abuse, neglect, and sexual exploitation.

**Research Methodology:** Human service professionals, including judges, doctors, attorneys, social workers, psychiatrists, psychologists, nurses, teachers, foster parents, law enforcement personnel, probation staff, and homemakers, were selected to participate in 30 hours of interactive seminars. All participants read case knowledge material sent to them prior to each session. They then attended instructional seminars where specialists within the group presented material relevant to the session topic. Participants were both teachers and students. Training effectiveness was evaluated through telephone interviews, written in-session evaluations, and post-session questionnaires.

**Research Results:** The feasibility of the training program was demonstrated. Attendance was high throughout the 10 sessions. Session topics included special services to children and families; children's health care needs and assessment; feelings of separated children and families; sequelae of the experience of vulnerability in the child; judicial systems; protective services; family violence; services to children in their own homes; multicultural considerations; and the role of each profession in child care. New procedures of child care were developed through interdisciplinary discussion and planning. Videotapes of the sessions were made.

**CR-00067**

New York City Board of Education, Brooklyn, N.Y. District 18.

545 Utica Ave.

Brooklyn, NY 11203

**School and Community Program for the Abused and Neglected Child (SCAN).**

Gross, N.; Kaplan, D.

Jul 74-Jun 76

Office of Education (DHEW), Washington, D.C.; New York City Board of Education, Brooklyn, N.Y. District 18.

**Research Purpose:** To (1) identify as early as possible students who manifest symptoms of neglect or abuse; (2)

evaluate the most appropriate method and approach to removing neglect or abuse; (3) enlist and coordinate the resources of the schools and other social agencies in the correction and remediation of the problems and deficiencies suffered by involved families; (4) change parental attitudes toward themselves and their methods of child handling; (5) develop a more satisfactory level of self esteem for the child which would improve self image; and (6) increase motivation and meaningfulness of education for victimized children; and (7) train staff of schools and social service agencies in the community in the identification and understanding of child abuse and neglect and in reporting requirements and procedures.

**Research Methodology:** Specific methods include observations of staff orientation or training meetings; analysis of referral data; pre- and posttest administrations of a locally prepared Likert-type summated rating scale to measure self-concept, peer interaction skills, attitudes toward home and school, and relationships with guardian adults; pre- and posttest administrations of a locally prepared Guardian's Attitude Rating Scale (Likert-type) to measure the case workers' impressions regarding guardians' attitudes during initial contact and at termination of intervention; and interviews with participants and staff.

**Research Results:** Descriptive data have been obtained for 167 abused or neglected children. The data have been categorized by types of abuse and neglect, ethnic background, and sex. Data are being assembled for a full report of the results of the program's first two years. The report is expected to be assembled in April of 1976.

**CR-00068**

Dartmouth Coll., Hanover, N.H. Dept. of Maternal and Child Health.

Hanover, NH 03755

**Children At Risk Program.**

Gundy, J. H.; Krell, H.

Jan 76-continuing

Spaulding Potter Charitable Inst., Concord, N.H.; Richard King Mellon Foundation, Pittsburgh, Pa.

**Research Purpose:** To develop and validate a risk identification scale for use in the newborn and prenatal nursing clinics; and evaluate a support group providing feedback to health professionals for improvement in dealing with abuse and neglect cases.

**Research Methodology:** Members of a 6-month support group will complete questionnaires before and after the 6-month period. Scales for risk identification will be validated. Other instrumentation will also be developed.

**Research Results:** The project is in a preliminary stage.

**CR-00069**

Kauaikeolani Children's Hospital, Honolulu, Hawaii.

226 Kuakini St.

Honolulu, HI 96817

**Hawaii Child Abuse Demonstration Project-Hawaii Family Stress Center.**

Hammar, S. L.  
Jan 75-Jun 78  
National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** The evaluation component of this project will assess increased participation, utilization, coordination, and effectiveness of service delivery. The overall goal is to demonstrate a model for organization and mobilization of resources to prevent the occurrence of or alleviate the consequences of child abuse and neglect.

**Research Methodology:** Data will be gathered by monitoring various agency records, interviewing agency personnel, and analyzing joint agency conferences. Control groups of serviced and nonserviced families will be tested and compared to assess effectiveness of service delivery. Evaluation will be performed by E. H. White and Company, San Francisco.

**Research Results:** The project is in a preliminary phase.

#### CR-00070

Parental Stress Center, Pittsburgh, Pa.  
918 S. Negley Ave.  
Pittsburgh, PA 15232

#### Parental Stress Center.

Harrell, M.

Feb 74-79

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.; Governor's Justice Commission, Pittsburgh, Pa.

**Research Purpose:** The research component of this program is an evaluation to be performed in an effort to develop more effective guidelines concerning judicial disposition of abused infants. The program is a collaborative effort of Child Welfare Services, the Juvenile Court, Children's Hospital of Pittsburgh, Pittsburgh Child Guidance Clinic, and the University of Pittsburgh Departments of Pediatrics and Psychiatry.

**Research Methodology:** Data concerning experiences in making judgments and disposition and outcome of treatment for both child and parents will be collected and analyzed.

**Research Results:** The study is in a preliminary phase.

#### CR-00071

National District Attorneys Association, Chicago, Ill.  
211 E. Chicago Ave.  
Chicago, IL 60611

#### Prosecutor's Child Abuse Training Project.

Healey, P.; Thomas, S.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the iden-

tification, reporting, and case management of child abuse and neglect.

**Research Methodology:** The National District Attorneys Association, in cooperation with the National College of District Attorneys, is presenting a multifaceted program of training seminars, pilot prosecution offices, and information dissemination to help prosecutors deal with child abuse and neglect. Through 5 regional seminars, some 300 prosecutors, investigators, paraprofessionals, court administrators, probation workers, and other concerned professionals will participate in 40 hours of training. The seminars will address trial techniques, civil remedies, social and medical services, diversionary programs, and other innovative approaches to child protection and the rehabilitation and preservation of the family unit.

**Research Results:** Results are being analyzed.

#### CR-00072

Michigan State Univ., East Lansing. Dept. of Human  
Development.

B240 Life Sciences Building

East Lansing, MI 48824

#### Service Project to Determine the Reliability and Validity of the Child-rearing Questionnaire.

Helfer, R.

Jun 75-May 78

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To assess the reliability and validity of the Michigan Screening Profile of Parenting, a screening instrument developed to assist those working with young parents or pre-parents in determining how these individuals perceive their own childhood and parenting and how they currently interact with those about them; and to develop and refine new scoring techniques and instrumentation.

**Research Methodology:** Concurrent validation is measured by comparing other measures, such as physical findings, observations, historical information, and psychological tests. Reliability studies are performed utilizing a test-retest method. Data are gathered by participating field study groups.

**Research Results:** The questionnaire is still in use. Three cluster analyses performed on the data since 1967 produced five clusters that are very replicable across time and across selected English speaking cultures. Validation and reliability studies have been initiated but not completed.

**Publications:** (1) Helfer, R. et al. Manual for the Use of the Michigan Screening Profile of Parenting, January 1977. (2) Kempe, C.; Helfer, R. Child Abuse and Neglect: The Family and the Community. Cambridge, Ballinger Publishing, 1976.

#### CR-00073

Lehigh Univ., Bethlehem, Pa. Center for Social Research.

10 West Fourth St.  
Bethlehem, PA 18015  
**State Demonstration Grant on Child Abuse.**  
Herrenkohl, R. C.; Herrenkohl, E. C.  
Oct 74-Sep 77

**Research Purpose:** To (1) establish a systematized record-keeping system for use by both Children's Bureaus involved in the project; (2) initiate systematic and periodic use of a rating system for each client and his or her family to assess present and projected status on personality dimensions, family interaction dimensions, child development dimensions, and environmental stress dimensions; and (3) develop a unified service accounting system for each component of the program.

**Research Methodology:** The project includes an analysis of underlying dimensions or goals upon which service programs are based; the development of an evaluational rating scale based upon those objectives; a survey of the literature to determine the various hypotheses regarding etiology of abuse and neglect; and the development of a record-keeping system which would incorporate data relevant to those hypotheses. Approximately 240 families will be studied.

**Research Results:** Data analysis is in progress.

**CR-00074**  
Lehigh Univ., Bethlehem, Pa. Center for Social Research.  
10 West Fourth St.  
Bethlehem, PA 18015

**An Investigation of the Effects of a Multidimensional Service Program on Recidivism or Discontinuation of Child Abuse and Neglect.**

Herrenkohl, R. C.; Herrenkohl, E. C.  
Jun 75-May 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To identify and investigate recidivism or discontinuation of abuse or gross neglect in families who have received varying types of intervention services through a child abuse prevention program in the Lehigh Valley, Pa., since 1968. The research is broadly focused on assessing the social, psychological, and ecological conditions of parents cited in the past for abuse or neglect.

**Research Methodology:** All families cited for abuse or neglect since 1968 who have received service from the Children's Bureaus of Lehigh and Northampton counties will be interviewed extensively to determine current and past status on the social and psychological dimensions hypothesized to be related to abuse or neglect. Considerable attention is devoted to discipline methods. The types and amounts of services received are also determined as well as respondent's perception of the usefulness of these services. Approximately 380 adults will be interviewed.

**Research Results:** Data analysis is in progress.

**CR-00075**  
Lehigh Univ., Bethlehem, Pa. Center for Social Research.

10 West Fourth St.  
Bethlehem, PA 18015  
**Family Style and Coping in Child Abusing Families.**  
Herrenkohl, R. C.; Herrenkohl, E. C.  
Jun 75-Nov 77  
National Inst. of Mental Health (DHEW), Bethesda, Md.

**Research Purpose:** To identify characteristic types of interaction between abusing parents and their abused children; characteristic coping behaviors of abused children; and characteristic attitudes of abusing parents toward discipline, child care, spouses or partners, themselves, and the outside world which represent specific family styles.

**Research Methodology:** Parents and children of middle and low socioeconomic status who have not been cited for abuse or gross neglect will be compared to cited abusive parents and abused children. The nonverbal and verbal interactions of structured parent-child interactions will be observed and scored. Parents (550 females, 140 males) will be interviewed extensively to determine current status on the social and psychological dimensions hypothesized to be related to abuse, with considerable attention given to discipline methods. Children (550) will be observed in peer group settings and their behavior in these settings will be coded. Individual testing of a portion of the sample of children will also be done.

**Research Results:** Data analysis is in progress.

**CR-00076**  
Arkansas State Dept. of Social and Rehabilitation Services, Little Rock.  
P.O.Box 1437  
Little Rock, AR 72203

**Arkansas Child Abuse and Neglect Project. (Evaluation).**  
Hill, J. W.

May 74-Jun 77  
Office of Child Development (DHEW), Washington, D.C.;  
Arkansas State Dept. of Social and Rehabilitative Services, Little Rock.

**Research Purpose:** To evaluate a volunteer-based model for protective services in a four-county area.

**Research Methodology:** The volunteers will receive training, professional supervision, and consultation from multidisciplinary teams. The volunteer model is designed to expand the capacity of professional agencies both through the services of the volunteers and community involvement. Raw data from this process will provide data for formative and summative evaluations by Berkeley Planning Associates.

**Research Results:** Data collection is still in progress.

**CR-00077**  
New Mexico State Health and Social Service Agency,  
Santa Fe.  
P.O. Box 2348  
Santa Fe, NM 87503  
**State Child Abuse and Neglect Demonstration Training Project.**

Holland, C.  
 Aug 76-Jul 77  
 National Center on Child Abuse and Neglect (DHEW),  
 Washington, D.C.

**Research Purpose:** To (1) demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect; and (2) adapt the NCCAN curriculum to the Native American culture.

**Research Methodology:** Approximately 1,600 professionals in the fields of social work, health, law enforcement, and education will be trained.

**Research Results:** Results are being analyzed.

#### CR-00078

District of Columbia Public Schools, Washington, D.C.  
 415 12th St. N.W.  
 Washington, DC 20004

**Public Schools of the District of Columbia. Training Project.**  
 Holland, S.

Aug 76-Jul 77  
 National Center on Child Abuse and Neglect (DHEW),  
 Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a child abuse and neglect training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** A primary group of 35 trainers, including school psychologists, officers, guidance counselors, teachers, an administrator, and a parent, will be trained; this group will then train a secondary group of 183 trainers from the same disciplines. All personnel in the Washington, D.C. Public School system, including teachers, teacher aides, principals, assistant principals, school guards, bus drivers, school nurses, clerical staff, custodial staff, and food services staff, are to be trained. Trainees are to number about 9,000. The NCCAN curriculum will be supplemented with a slide presentation developed by the D.C. Metropolitan Police and the D.C. Corporation Counsel.

**Research Results:** Results are being analyzed.

#### CR-00079

Community Research Applications, Inc., New York, N.Y.  
 1560 Broadway  
 New York, NY 10028

**Development of a Guide for Public Social Service Departments on Social Service Delivery Systems to Abused and Neglected Children and Families.**

Holmes, M.  
 Oct 75-May 76  
 Community Services Administration (DHEW), Washing-  
 ton, D.C.

**Research Purpose:** To create a guide for protective services.

**Research Methodology:** Data were gathered through review of selected literature on existing state and local guidelines for protective services, and through site visits to selected protective services programs. A national review panel was also utilized.

**Research Results:** A final report is being prepared.

#### CR-00080

New Jersey State Div. of Youth and Family Services,  
 Trenton. Bureau of Research, Planning, and Program  
 Development.

1 South Montgomery St.  
 Trenton, NJ 08625

**Union County Protective Services Demonstration Project  
 Evaluation.**

Horowitz, B.

May 74-Apr 77

Office of Child Development (DHEW), Washington, D.C.;  
 New Jersey State Div. of Youth and Family Services,  
 Trenton.

**Research Purpose:** To determine the effectiveness of a comprehensive network of tangible services for families in which abuse or neglect occur.

**Research Methodology:** The program will be evaluated by reviewing casework, and studying the effectiveness of the program's implementation. Further study will be done by compiling data on the number and duration of child placements and through community and professional surveys on attitudes and practices regarding child abuse or neglect. Change in abuse or neglect problems over a period of time will be assessed. Program evaluation will be done by Berkeley Planning Associates.

**Research Results:** A preliminary data analysis on 38 cases provided the basis for revision of data collection instruments.

#### CR-00081

New Jersey State Div. of Youth and Family Services,  
 Trenton. Bureau of Research, Planning, and Program  
 Development.

1 S. Montgomery St.  
 Trenton, NJ 08625

**Evaluation of Teaching Homemakers Project.**

Horowitz, B.; Krawczuk, I.

Jun 75-Oct 76

**Research Purpose:** To (1) determine the effectiveness of intervention by teaching homemakers in reducing the incidence of child abuse and neglect in the natural home; and (2) relate the costs of operating the program to its effectiveness.

**Research Methodology:** The evaluator will conduct on-site visits, observe operations, and interview staff. Cost, service, and effectiveness data related to 135 families will be collected. Clients will be surveyed to represent the con-



sumer's perspective in determining program impact. In the analysis, the demographic characteristics of the families, initial assessments of abuse and neglect problems, and services requested and delivered will be related to changes in the abuse and neglect situation within the family and to placement of children.

**Research Results:** Preliminary findings indicate a lack of uniform program guidelines and a need for greater administrative controls. Data and results may be obtained by writing to the Bureau of Research, Planning, and Program Development.

**CR-00082**

American Academy of Pediatrics, Evanston, Ill.  
1801 Hinman Ave.  
Evanston, IL 60204

**Professional Continuing Education Demonstration Project on Child Abuse and Neglect.**

Hughes, G. E.; Hughes, L. S.

Aug 76-continuing.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To evaluate the effectiveness of the child abuse and neglect training curriculum unit developed by the National Center on Child Abuse and Neglect for medical and health professionals.

**Research Methodology:** A series of 9 one-day training workshops are being conducted in Kansas, Missouri, Iowa, Illinois, Nebraska, Wisconsin, Minnesota, North Dakota, and South Dakota. All fellows of the American Academy of Pediatrics in these states are invited to attend. Where physician registration is not full, emergency room personnel are also invited to attend as well as residents and medical students. The training curriculum was reviewed by a task force of pediatricians who selected about 8 hours of the original 16-hour unit for presentation, in addition to appropriate supplementary materials.

**Research Results:** Motivating physicians to attend workshops on child abuse and neglect is difficult. Those who register for the course are generally already actively involved in this area. The focus of such training activity should be interdisciplinary rather than limited largely to physicians. Programs on this subject could be incorporated into the residency training of pediatricians, family practice physicians, emergency room physicians, orthopedists, surgeons, and other physicians.

**CR-00083**

North Carolina Univ., Chapel Hill. North Carolina Child Abuse and Neglect Resource Center.

UNC School of Medicine

Chapel Hill, NC 27514

**Neonatal Intensive Care Nursery Project for Predicting Child Abuse and Neglect.**

Hunter, R.

Jun 75-Jun 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To predict child abuse and neglect by using an interview and questionnaire at the time of admission to the Neonatal Intensive Care Nursery.

**Research Methodology:** Parents and other relatives are interviewed at the time of the child's admission. Questionnaires are administered to explore social and psychological aspects of family members, and medical data on the child are collected. Outcomes such as reported abuse or neglect, death of the child, or relinquishment of custody are determined at follow-up, and standard statistical tests are used to correlate factors.

**Research Results:** Preliminary results were presented at the annual meeting of the Society for Research in Child Development in New Orleans, March 19, 1977.

**CR-00084**

George Washington Univ., Washington, D.C. Social Research Group.

2401 Virginia Ave.

Washington, DC 20036

**Data Systems for Planning Children's Research: Interagency Panels on Early Childhood and Adolescence.**

Hurt, M., Jr.

70-continuing

Office of Child Development (DHEW), Washington, D.C.

**Research Purpose:** To collect federally sponsored research data on early childhood and adolescence including projects that deal with child abuse and neglect.

**Research Methodology:** Each federal agency is screened for projects which deal with children. The proposals which qualify are abstracted and coded. The principal investigators, institution, addresses, funding level, sample description, general objectives, and test instruments are recorded. The coding allows for computerized retrieval on any combination of 500-plus descriptors. Data collection is not the major emphasis of this research but this is the only source of information on the current federal effort in this area.

**Research Results:** Data on FY 75 projects are available and data collection for FY 76 is in progress.

**Publications:** Hurt, M. Child Abuse and Neglect: A Report on the Status of the Research. DHEW Pub. No. (OHD) 74-20, 1974.

**CR-00085**

Makah Tribal Center, Neah Bay, Wash.

P.O. Box 115

Neah Bay, WA 98357

**Makah Child Development.**

Ides, E. L.; Denney, L. M.

Jul 74-May 77

Office of Human Development (DHEW), Washington, D.C.

**Research Purpose:** To (1) change the existing delivery of services for child abuse and neglect from a haphazard to an orderly, coordinated, and effective system; and (2) implement and test a comprehensive and positive child devel-

opment program that is designed and developed by and for Makah parents and administered by the Tribal community.

**Research Methodology:** The coordination of case management and the training of community workers was done in an attempt to utilize all available community resources as effectively as possible. Child management classes are taught and counseling or therapy is available to both children and adults. The effectiveness of planning with the parents and community on a comprehensive basis will be evaluated by Berkeley Planning Associates.

**Research Results:** Data collection is in progress.

#### CR-00086

West Virginia Univ., Morgantown. School of Social Work.

709 Allen Hall  
Morgantown, WV 26506

#### Child Welfare Training Project Evaluation.

Issacson, J. F.

Jul 74-Jul 76

Social and Rehabilitation Service (DHEW), Washington, D.C.

**Research Purpose:** To evaluate the results of training on workers with various levels of education and experience.

**Research Methodology:** Trainees will be tested before and after training. Evaluation questionnaires and trainee profiles, including educational and experiential backgrounds, will be analyzed and compared with testing results. The groups tested will include 40 men and 90 women.

**Research Results:** Data are currently being analyzed. Differences are expected between trainees with little experience and those with greater experience.

#### CR-00087

Colorado State Dept. of Social Services, Denver. Office of Staff Development.

1575 Sherman St.  
Denver, CO 80203

#### Child Abuse and Neglect Training Project.

Johnson, R.; Aukerman, R. B.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** Multidisciplinary training, including participation of newspaper reporters, ambulance drivers, and interested lay persons, is being conducted. Efforts are being coordinated with a variety of interested groups and agencies in the state. The NCCAN curriculum is being supplemented by two additional modules developed by

Mexican-American social workers with special skills and experience in child protection.

**Research Results:** Results are being analyzed.

#### CR-00088

Education Commission of the States, Denver, Colo. Dept. of Elementary and Secondary Services.

1860 Lincoln St.

Denver, CO 80203

#### The Educational System's Role in Child Abuse and Neglect.

Jones, C. D.; Fox, P.

Jan 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To (1) develop and recommend alternatives to state decision makers regarding the role of the educational system in the identification, treatment, and prevention of child abuse and neglect; (2) increase awareness and develop alternative means for the nation's education systems to participate in the identification, treatment, and prevention of child abuse and neglect; (3) develop an awareness of responsibility among state decision makers in the fight against child abuse and neglect; and (4) encourage participation among service delivery systems dealing with child abuse and neglect at all levels of government and the private sectors.

**Research Methodology:** Trend analysis is being performed on data collected from state and local boards of education, PTA's, and other educational organizations. Teacher education and preparation in the area of abuse are also being researched.

**Research Results:** A final report is in preparation.

**Publications:** (1) Teacher Education: An Active Partner in the Solution of Child Abuse and Neglect, Report 99. Education Commission of the States, Denver, Colo. (2) Trends in Child Abuse and Neglect, Report 95. Education Commission of the States, Denver, Colo. (3) Education for Parenthood: A Primary Prevention Strategy for Child Abuse and Neglect, Report 93. Education Commission of the States, Denver, Colo. (4) Education Policies and Practices Regarding Child Abuse and Neglect and Recommendations for Policy Development, Report 85. Education Commission of the States, Denver, Colo.

#### CR-00089

Texas Univ., Houston. School of Public Health.

Box 20186

Houston, TX 77025

#### Life Crisis as a Precursor to Child Abuse.

Justice, B.

May 75-May 76

Texas Univ., Houston. School of Public Health.

**Research Purpose:** To measure the difference between abusing and nonabusing parents in terms of life change events and scores on the Social Readjustment Rating Scale

**Research Methodology:** A questionnaire was administered

to matched groups of 35 parents. The questionnaire incorporated the Social Readjustment Rating Scale, a standardized measure of life change, and questions relating to symbiosis, child-rearing practices, and demographic characteristics. One group was composed of parents who had abused their children; the control group was composed of parents who had experienced problems with their children but had not abused them. Results were compared by chi-square analysis.

**Research Results:** The mean life change score for abusing parents was 234 which constitutes a moderate life crisis. The mean life change score for controls was 124, which does not constitute a life crisis. These means differed significantly at the 0.001 level by t-test. The two groups also differed significantly at the .001 level by chi-square test. Results also supported the hypothesized role of symbiosis in the parents to abused children. A final report is in press.

**Publications:** (1) Justice, B.; Duncan, D. F. "Life Crisis as a Precursor to Child Abuse." Public Health Reports 91:110-115, 1976. (2) Justice, B.; Justice, R. The Abusing Family. New York, Behavioral Publications, 1976.

**CR-00090**

Wisconsin Univ., Madison. Dept. of Social Work.  
425 Henry Mall  
Madison, WI 53700

**The Child's Contribution to Child Abuse.**

Kadushin, A.; Berkowitz, L.  
Jun 76-Jun 78

National Inst. of Mental Health (DHEW), Rockville, Md.

**Research Purpose:** To develop a greater understanding of the behaviors of both children and parents which lead to abuse by focusing on the parent's perception of the child's behavior associated with an abuse event.

**Research Methodology:** Experienced social work interviewers will conduct 60-minute interviews with 100 parents who abused their children, focusing on their perception of the child's behavior associated with the abuse event. Content analysis of the interview tapes will determine patterns of abuse-related parent-child interaction.

**Research Results:** Data collection methods are being developed. The research results will be published and shared with the Milwaukee County Department of Public Welfare, Child Protection and Parent Services Section; and the Milwaukee County Board of Public Welfare.

**CR-00091**

Boston Coll., Newton Centre, Mass. School of Law.  
885 Centre St.  
Newton Centre, MA 02159

**Legal Bases for Child Protection.**

Katz, S. N.; Howe, R. A.  
Jun 73-Sep 77

Office of Child Development (DHEW), Washington, D.C.

**Research Purpose:** To provide a new law to remove legal barriers to the permanent placement of children who are

either at risk in their homes or are afloat in the foster care system.

**Research Methodology:** All existing laws dealing with child abuse and neglect were surveyed. The project utilized the expertise of a multidisciplinary group of social workers, lawyers, doctors, psychiatrists, judges, legislators, and representatives of foster and adoptive parent groups.

**Research Results:** The Model Act to Free Children for Permanent Placement is being reviewed in Washington by officials of the Office of Child Development.

**Publications:** Katz, S. N.; Howe, R.-A.; McGrath, M. "Child Neglect Laws in America." Family Law Quarterly 9(1), Spring 1975.

**CR-00092**

Rainbow Babies and Children's Hospital, Cleveland, Ohio.

2040 Adelbert Rd.  
Cleveland, OH 44106

**Mother to Infant Attachment.**

Kennell, J. H.

Jul 74-continuing

Maternal and Child Health Service (DHEW), Rockville, Md.

**Research Purpose:** To (1) determine if the infant's contribution to a perceived reciprocal interaction by the mother is necessary to formation of mother--infant attachment; (2) determine if close mother and infant contact after birth increases maternal attachment thus insuring better health for the child; and (3) investigate situations in which the newborn infant is malformed.

**Research Methodology:** The first of 3 studies is a comparative analysis of infants and mothers who receive experiences in the first week after birth and a matched group that do not. The second study is in Guatemala and compares a group in which mothers were separated from their infants for 24 hours and a group in which they are not. The third study looks at infants with congenital anomalies and compares a group receiving intervention with one that is not.

**Research Results:** The pilot research of these 3 studies has been completed. Significant findings in the first study show that babies looked at by their mothers tended to have higher I.Q. test results than babies deprived of that experience. Findings in one hospital in Guatemala show significantly more weight gain and breastfeeding with infants not separated from their mothers, but the other hospital study did not show this. Preliminary findings in the third study show a higher incidence of mother--child interaction with the group receiving intervention.

**CR-00093**

Children's Hospital, Los Angeles, Calif. Div. of Psychiatry.

4650 Sunset Blvd.  
Los Angeles, CA 90054

**A Longitudinal Study of Physically Abused Children.**

Kent, J.

Jun 74-continuing

National Inst. of Mental Health (DHEW), Rockville, Md.

**Research Purpose:** To assess the effectiveness of a community program of services for physically abused and neglected children and their parents.

**Research Methodology:** Abused and neglected children undergoing treatment at Children's Hospital, and their parents, are being observed; tested, and questioned regarding their psychological and social attitudes at periodic intervals. These data will be used to determine the impact of the increasingly coordinated availability of medical, legal, and social assistance in the community.

**Research Results:** Data analysis is in progress.

**CR-00094**

Children's Hospital, Los Angeles, Calif. Div. of Psychiatry.

P.O. Box 54700 Terminal Annex

Los Angeles, CA 90054

**Behavior, Parenting, and Outcome of High-Risk Infants.**

Kent, J.

Oct 74-continuing

Bureau of Community Health Services (DHEW), Washington, D.C.

**Research Purpose:** To investigate the developmental outcome of infants who are at high risk because of prolonged hospitalization after birth and thus separated from normal parent-infant experiences; and develop a profile of risk factors.

**Research Methodology:** The profile will consist of specific combinations of factors that increase outcome risk in 2 groups: (1) infants kept hospitalized because of their prematurity, and (2) those kept hospitalized because of congenital anomalies. The study population will consist of infants who fall into these categories at Children's Hospital and whose parents volunteer. Data will be collected by observation, questionnaire, and psychological evaluation.

**Research Results:** Data collection and analysis are in progress.

**CR-00095**

New York State Family Court, Buffalo. Psychiatric Clinic.

25 Delaware Ave.

Buffalo, NY 14202

**Dependency, Frustration Tolerance, and Impulse Control in Child Abusers.**

Kertzman, D.

Jul 74-Jul 77

New York State Family Court, Buffalo.

**Research Purpose:** To determine whether frustration tolerance rises in the child-abusing parent in response to satisfaction of dependency needs.

**Research Methodology:** Abusive and nonabusive parents, matched on sex and race, are randomly assigned as pairs to one of 8 conditions. Conditions involve presence or absence of a mild dependency frustration, and presence or absence of two broad types of dependency need satisfaction. The study is based on a 2X2X2X2 factorial design, using presence or absence of abuse history, presence or absence of delay (frustration), presence or absence of food during testing (concrete satisfaction), and warmth or neutrality of examiner (social satisfaction) as interdependent variables. Data are collected from tests given in a clinic to 43 women and 37 men sent from family court. Dependency is measured by Masling's Oral Dependency test; frustration tolerance is indicated by three scores based on Rosenzweig's Picture-Frustration Study; and impulse control is measured by Kagan's Matching Familiar Figures Test. The vocabulary and block design subtests of the Wechsler Adult Intelligence Scale provide an abbreviated measure of intelligence as a covariable.

**Research Results:** Results are being analyzed.

**CR-00096**

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.

415 South St.

Waltham, MA 02154

**Emotional Maladjustment of Physically Abused Children.**

Kinard, M.

Sep 75-Aug 77

National Inst. of Mental Health (DHEW), Rockville, Md.; Brandeis-Worcester Training Program in Social Research and Psychiatry, Waltham, Mass.

**Research Purpose:** To study the differences between abused and non-abused children with respect to emotional health and development, and assess the long-term effects of physical abuse on the emotional development of the child.

**Research Methodology:** Emotional development tests were administered to a sample of abused children and a control sample of nonabused children. The two samples were matched in age, birth order, sex, family socioeconomic status, and family composition. The samples of abused children were selected from case records in the Inflicted Injury Unit of the Worcester Regional Office of the Massachusetts Department of Public Welfare. Differences in family background, the extent of injury, the nature of the abuse incident, intervention plans, and a history of abuse in the family or the parents' families will be noted. The samples consist of 30 children each, ranging from 5 to 12 in age.

**Research Results:** Data collection is completed; data analysis is in progress.

**CR-00097**

Child Abuse and Neglect Demonstration Organization (CAN-DO), Belton, Tex.

P. O. Box 729

Belton, TX 76513

**Central Texas Council of Governments Child Abuse and Neglect Demonstration Organization.**

Knox, J. C.; Phillips, Y.; Eyman, N.

Dec. 74-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** The research component of this regional demonstration program consists of descriptive data collection for formative evaluation; information regarding identification, reporting, referral, and coordination will be gathered.

**Research Methodology:** A client profile of clients who are eligible for services through CAN-DO is being composed from information derived from case records of caseworkers. Formative evaluation will be conducted by E. H. White and Company in San Francisco.

**Research Results:** This is the project's third operational year.

**CR-00098**

Task Force for Child Protection, Poughkeepsie, N.Y.

28 Market St., Rm. 529

Poughkeepsie, NY 12601

**Carrying Out the Child Protection Law: A Study of the Operation of the New York State Law in Dutchess County 1973-1975.**

Koempel, L. A.

Sep 75-Apr 77.

**Research Purpose:** To evaluate the effectiveness of the child abuse law and the activities carried out under the law.

**Research Methodology:** Information from official records will in tabular form for computer analysis. All reported cases from September 1973 to September 1975 will be included. Data will be used to determine the incidence and nature of abuse, identify likely abusers and abused victims, determine who reports cases, and demonstrate how cases are handled and their outcomes.

**Research Results:** Data collection is in progress.

**CR-00099**

Saint Louis Children's Hospital, Mo. Family Resource Center.

4386 Lindell Blvd.

St. Louis, MO 63108

**Analysis of the Psychological Characteristics and Service Needs of Abused Preschool Children.**

Lange, M.; Rapoff, M.

Jan 74-Jun 77

Office of Child Development (DHEW), Washington, D.C.; Social and Rehabilitation Service (DHEW), Washington, D.C.

**Research Purpose:** To explore the characteristics and service needs of abused preschool children through the use of developmental screening tests.

**Research Methodology:** Behavior disturbance and developmental lags exhibited by the children will be examined with particular attention to their relationship with the socioeconomic status of the parents, the type and severity of abuse, and the length of time the child has been placed away from the natural parents as a result of abuse. All children of parents who apply for services at the Family Resource Center will be tested regardless of whether the children are placed into a classroom program. The following tests will be used: (1) Vineyard Scale of Social Maturity, (2) Peabody Picture Vocabulary Test, (3) Denver Developmental Screening Test, and (4) Preschool Behavior Questionnaire.

**Research Results:** Data collection is in progress.

**CR-00100**

Nevada State Dept. of Human Resources, Carson City, Welfare Div.

251 Jeanell Dr.

Carson City, NV 89710

**Child Abuse and Neglect Training Grant.**

Lee, M.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** The entire NCCAN curriculum will be used to train a cadre of trainers who will then provide training to staff members of the Nevada Departments of Human Resources and Education, local school districts, local law enforcement agencies, and others involved in the identification, investigation, and provision of services for child abuse and neglect. Training sessions will last 5 to 6 days.

**Research Results:** Results are being analyzed.

**CR-00101**

Stanford Univ., Calif. Boys Town Center.

Stanford, CA 94305

**Psychological Sequelae of Foster Home and Parental Placement of Abused and Neglected Children.**

Leiderman, P. H.; Hastorf, A.

Sept 75-Aug 79

Stanford Univ., Calif.

**Research Purpose:** To evaluate the effects of separation of children from their parents with primary attention given to age factors

**Research Methodology:** The preliminary phase of research consists of the compilation of cases in Santa Clara, San Mateo, and San Francisco Counties. The second phase is proposed to include psychological assessment of children and psychosocial assessment of families using experimen-

tal, questionnaire-derived and naturalistic techniques. Independent variables will include age of child, period of separation, family social network, and demographic characteristics. Comparison groups will be used. Approximately 120 males and 120 females, from 1 to 10 years old will be studied in the sample.

**Research Results:** Instrumentation has been developed and data collection is in progress.

**CR-00102**

Educational Testing Service, Princeton, N.J.

Rosedale Rd.

Princeton, NJ 08540

**The Effect of Birth Order on Mother--Child Relationship.**

Lewis, M.

Jul 75-continuing

National Inst. of Child Health and Human Development (DHEW), Bethesda, Md.

**Research Purpose:** To investigate the effects of birth order, sex, and socioeconomic status upon mother-infant interaction and upon psychological development of the infant up to 2 years.

**Research Methodology:** At 3 months of age, infants and their parents are observed at home for 2 hours. Scan sheet technology is used to permit computer analysis of types of minute to minute stimulus-response, chains of behavior, and behavior density measures. At 1 year and 2 years of age infants and their mothers are videotaped in the laboratory. Infants are measured for cognitive, intellectual, and emotional development, and mothers are tested on social and psychological attitude. The study population consists of over 200 infants and their families from 2 economic groups.

**Research Results:** Observation of the infants at ages 3 months, 1 year, and 2 years has been completed. Preliminary indications show significant effects of birth order and birth spacing on interaction. At 3 months, the first born usually gets most response, the second less, the third even less with largest change between first and second born. Birth spacing of less than 18 months shows highest equality response by mother while space of 18 to 54 months shows highest unequal response.

**CR-00103**

New York State Dept. of Education, Albany.

Washington Ave.

Albany, NY 12224

**New York State Department of Education Training Project.**

Lornell, W.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** Education professionals, including administrators, guidance counselors, teachers, nurses, school psychologists, and school social workers, will be trained in suburban, semi-rural, and urban school settings. Emotional maltreatment will be emphasized. The NCCAN curriculum will be supplemented with information on the detection of emotional abuse in the schools and intervention procedures.

**Research Results:** Results are being analyzed.

**CR-00104**

Center for Studies of Child and Family Mental Health, Rockville, Md. Mental Health Study Center, Rockville, Md.

5600 Fishers Ln.

Rockville, MD 20853

**Studies of the Abused and Neglected Adolescent.**

Lourie, I. S.

Sep 75-continuing

National Inst. of Mental Health (DHEW), Rockville, Md.

**Research Purpose:** To investigate the incidence, typology, and community management of adolescent abuse and neglect.

**Research Methodology:** The study will use various techniques from care supervision to collection of aggregate data and provision for innovative service components. The study will use a sample of 250 children.

**Research Results:** Data collection is in progress.

**CR-00105**

Calgary Univ. (Alberta), Div. of Community Health Science.

1611 29 St. N.W.

Calgary, Alberta, Canada T2N4J8

**A Family Aide Project for Parents With a High Risk of Child Abuse.**

MacMurray, V. D.; Brummitt, J. R.; Cunningham, P. H.

Aug 76-Aug 79

Department of National Health and Welfare, Ottawa (Ontario).

**Research Purpose:** To evaluate the intervention process, outcome effectiveness, feasibility, and practicality of the services provided by volunteer lay therapists or family aides working with abusing parents.

**Research Methodology:** Abusing families identified by an already existing professional multidisciplinary treatment team, which operates in conjunction with the Family Aide Project, will be randomly assigned to two groups, with 50 families in each group. Those in the control group will receive treatment by the team alone, while those in the experimental group will receive treatment by the team and by Family Aides. A number of dimensions of the dependent variable (probability of abuse), such as parents' self-esteem, marital adjustment, child rearing attitudes, child development expectations, parenting skills, child management techniques, and isolation; and a number of independent and control variables, including the demographic

characteristics of the family, the parents' own childhood experiences, the nature of the abuse incident, and critical events in the life of the family, will be measured at various intervals over the course of the project. Data will be examined to identify which independent and control variables best account for a decrease in the probability of risk of abuse in the study sample.

**Research Results:** Data collection instruments are now being developed, adapted, or selected.

#### CR-00106

Portland State Univ., Oreg. School of Urban Affairs.  
P.O. Box 751  
Portland, OR 97207

#### The Disposition of Reported Child Abuse in Multnomah County, Oregon.

Maden, M. F.

Jan 77-Jun 77

Portland State Univ., Oreg.

**Research Purpose:** To (1) compare the disposition of child abuse cases according to whether a law enforcement agency or a child protective services agency received and investigated the child abuse report; (2) determine the relationship of case disposition and client population or reporting sources; and (3) determine the relationship between reporting sources or client population and receiving and investigating agencies.

**Research Methodology:** All child abuse reports filed in the Central Registry from Multnomah County during calendar year 1976 will be drawn as the sample study (N 237). Each report will be matched with the complete case record, and data will be extracted, coded, and statistically analyzed to determine who reported each case of suspected abuse; which agency received and investigated child abuse reports; demographic features of the child abuse client population; and the disposition of each case.

**Research Results:** Data are being collected.

**Publications:** Maden, M. F. *The Disposition of Reported Child Abuse in Multnomah County, Oregon*. Doctoral Dissertation, Portland State University. Ann Arbor, Mich., University Microfilms.

#### CR-00107

National Inst. of Mental Health (DHEW), Adelphi, Md.  
Mental Health Study Center.  
2340 E. University Blvd.  
Adelphi, MD 20783

#### Participant Observation of the Reorganization of a System of Care for Abused and Neglected Children: A Study in Child Advocacy.

Maney, A. C.; Gaughan, M.

75-continuing.

**Research Purpose:** To develop and report an understanding of those professional, bureaucratic, and political processes which affect the deinstitutionalization of child care systems.

**Research Methodology:** Models contrasting the components of a professionally ideal system for the care of abused and neglected children with those of a metropolitan community's custodially oriented system have been developed with other community and professional groups. Strategies for bringing the components of the real system into greater alignment with the ideal are now being jointly formulated, implemented, and evaluated. The principal method is participant observation.

**Research Results:** The project is currently evaluating the impact of phasing out institutional care in terms of changes in use of existing components, development of new components, and the emergence of problematic issues.

#### CR-00108

JFK Child Development Center, Denver, Colo.  
4200 E. 9th  
Denver, CO 80220

#### Follow-up Studies of Abused Children.

Martin, H. P.

71-continuing

Bureau of Community Health Services (DHEW), Bethesda, Md.

**Research Purpose:** To determine effects of abusive environment on children.

**Research Methodology:** The children are given neurological exams and IQ tests in conjunction with personality assessment.

**Research Results:** Preliminary conclusions for the final report are being formulated.

#### CR-00109

Washington Center for Addiction, Boston, Mass.  
41 Morton St.  
Boston, MA 02130

#### An Investigation of the Relationship Between Substance Abuse and Child Abuse and Neglect.

Mayer, J.; Black, R.

Jun 75-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To (1) examine the distribution, frequency, and types of child abuse and neglect within a sample of alcohol and drug abusers; (2) investigate child abusers and substance abusers to see if there are common factors; (3) examine the relationship between stages in the cycles of drug and alcohol abuse (acquisition, ingestion, withdrawal, and abstinence), the adequacy of child care, and the presence or absence of child abuse and neglect; and (4) determine the extent to which social and situational factors associated with child abuse and neglect are operative among alcohol and drug addicts.

**Research Methodology:** One hundred alcoholics and 100 opiate addicts with children under 18 will be given a structured interview designed to gather information on (1) de-

mographic data, (2) history of drug and alcohol abuse, (3) childhood history, (4) care, abuse, and neglect of children, and (5) the relationship between stages in the cycle of alcohol or opiate abuse and child care, abuse, and neglect. Subjects will also complete the following measures: (1) Minnesota Multiphasic Personality Inventory, (2) Survey on Bringing Up Children (Ray Helfer, M.D.), and (3) The Schedule of Recent Experience (Thomas Holmes, M.D.).  
**Research Results:** Interviews are now being completed.

**CR-00110**

Council for Exceptional Children, Reston, Va.  
 1920 Association Dr.  
 Reston, VA 22091

**A Demonstration of the Effectiveness of a National Training Curriculum.**

McCaffrey, M.; Geer, W. C.  
 Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW),  
 Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** The NCCAN curriculum will be used to train educators of exceptional children and other professionals. Training will build upon the organizational structure of the Council for Exceptional Children (CEC) and will proceed upon 4 levels: (1) 4 local chapters with varying demographic characteristics will use the curriculum in a format and sequence appropriate to their local requirements; (2) a 3-day training session using the NCCAN curriculum will be conducted at CEC headquarters for designated representatives of 19 nearby school districts and interested professionals from the Washington, D.C. area; (3) regional training sessions will be held through CEC's Teacher Education Division; and (4) a 3-day special training session will be held in conjunction with CEC's national meeting. An aggressive promotional campaign will announce the training activities and their evaluations.

**Research Results:** Results are being analyzed.

**CR-00111**

Texas Univ., Austin, School of Law.  
 2500 Red River  
 Austin, TX 78705

**Regional Resource Center on Child Abuse and Neglect.**

McCathren, R. R.  
 Jul 75-Jul 78

National Center on Child Abuse and Neglect (DHEW),  
 Washington, D.C.

**Research Purpose:** To investigate the decision making for and disposition of child abuse and neglect cases by social service and juvenile court systems; and design and draft

administrative and legislative reforms to improve the system.

**Research Methodology:** Data are being collected via observation of juvenile court hearings and interviews with attorneys, judges, and social workers. Specific information is being gathered on length, content, and adversity of hearings. Attitude surveys are being administered to direct line social workers and attorneys. Legal and social work literature are being reviewed. Also, children, who are under state detention or care, are being surveyed to determine quality of care.

**Research Results:** This study is in a preliminary phase.

**CR-00112**

Pacific Lutheran Univ., Tacoma, Wash. Center for Human Organization in Changing Environments (CHOICE),  
 Tacoma, WA 98447

**A Study of Child Abuse and Neglect Among Minority Groups in Pierce County, Washington.**

Menzel, R. K.; Clarke, A.  
 Feb 76-May 76

Department of Health, Education, and Welfare, Washington, D.C.

**Research Purpose:** To determine (1) respondents' perceptions of the extent of child abuse and neglect in nonwhite communities; (2) respondents' perceptions of the typical responses to child abuse and neglect in these communities; and (3) the changes necessary to upgrade child abuse services and programs.

**Research Methodology:** Data were collected by an interracial group utilizing both questionnaire survey methods and interview techniques. The sample was selected as randomly as possible in the Tacoma-Pierce County area of Washington. Visits were made to group meetings and agencies where nonwhites met and to nonwhite homes. A questionnaire was specially designed to gather the necessary information.

**Research Results:** Respondents' perceptions of child abuse and neglect in their own communities were related to their contacts neither with other nonwhite groups nor with their own racial group. Twenty-five percent of those contacted did not believe that the community as a whole suffers when individual families engage in abuse or neglect. A majority of respondents would not now report cases of child abuse or neglect to the police. A majority believed that the nonwhite community would either talk to the offending parent or guardian or contact a child abuse agency if made aware of actual cases of abuse or neglect. Latins and Asians believed in less frequent occurrences of abuse and neglect in their respective communities than Blacks and Native Americans.

**CR-00113**

CPI Associates, Inc., Washington, D.C.  
 2030 M St. N.W.  
 Washington, DC 20036

**A Process Evaluation for Innovative Demonstration Projects.**



Miller, P. J.  
 Aug 75-Mar 78  
 National Center on Child Abuse and Neglect (DHEW),  
 Washington, D.C.

**Research Purpose:** To conduct a formative evaluation of the 8 innovative demonstration projects (4 Native American projects, 2 military, and 2 rural) in the treatment, prevention, and identification of child abuse and neglect.

**Research Methodology:** CPI has conducted site visits to the projects on a quarterly basis. Through these visits, qualitative data related to the goals, program components, structure, and implementation issues were determined. Quantitative data were collected about the clientele being served by the projects and about the costs and services of the projects. Data were collected on the following projects: Child Advocacy Program, Philadelphia, Miss.; Kuna we sha' (Caring), Toppenish, Wash.; Ah-be-no-Gee, Minneapolis, Minn.; Migrant Child Abuse and Neglect Prevention Program, Laredo, Tex.; Child Abuse and Neglect Services Project, Forsyth, Mont.; Cook Inlet Native Association Child Abuse and Neglect Program, Anchorage, Alaska; Demonstration Project for Coordinated Delivery of Social Services to Children in Crisis Residing on a Military Base or in Surrounding Rural Counties, Nashville, Tenn.; Child Advocacy Resource Expansion, Fort Sam Houston, Tex.

**Research Results:** Data are now being analyzed.

#### CR-00114

Johns Hopkins Medical Institutions, Baltimore, Md. Psychohormonal Research Unit.  
 601 N. Broadway  
 Baltimore, MD 21205

**IQ Change Following Change of Domicile in the Syndrome of Reversible Hyposomatotropinism (Psychosocial Dwarfism).**

Money, J.; Annecillo, C.

Apr 74-continuing

Public Health Service (DHEW), Washington, D.C.

**Research Purpose:** To ascertain the amount and direction of IQ change following change of domicile in a population of patients with reversible hyposomatotropinism (Psychosocial Dwarfism); and investigate determinants of these changes.

**Research Methodology:** This longitudinal study consists of comparison of IQ measurement of children suffering from psychosocial dwarfism performed in close proximity to and long after changes in these children's domiciles. Other data are being accumulated from interviews involving personnel, patient observation, and case history analysis. There are 40 cases from which a test group and a control group consisting of patients with irreversible hyposomatotropic dwarfism will be studied.

**Research Results:** Data collection is in progress and a pilot investigation has been performed.

#### CR-00115

Johns Hopkins Medical Institutions, Baltimore, Md. Psychohormonal Research Unit.

601 N. Broadway  
 Baltimore, MD 21205

**Reversible Hyposomatotropinism (Psychosocial Dwarfism): Behavioral Data in Cases and Their Families.**

Money, J.; Werlwas, J.

Sep 74-continuing

Public Health Service (DHEW), Washington, D.C.

**Research Purpose:** To develop a phenomenological account of behavior in families who have children suffering from psychosocial dwarfism in an attempt to determine etiological factors which may be related to child abuse.

**Research Methodology:** Information is accumulated from retrospective case history analysis, patient and family observation, and interviews with persons connected with the patients including hospital and social service personnel.

**Research Results:** Data collection is in progress, and a pilot investigation has been performed. However, sampling procedures have yet to be chosen.

#### CR-00116

Puerto Rico State Dept. of Social Services, Santurce.  
 Research and Evaluation Div.

P. O. Box 11398  
 Santurce, PR 00908

**Child Abuse and Neglect Demonstration Unit.**

Moreno, N.

Sep 74-Apr 77

Social and Rehabilitation Service (DHEW), Washington, D.C.; Office of Child Development (DHEW), Washington, D.C.

**Research Purpose:** To (1) identify correlates of child abuse and child neglect, (2) identify characteristics that differentiate abusing families from neglecting families and each one of these from adequate families, and (3) assess the effectiveness of a specialized protective services unit.

**Research Methodology:** Scales will be developed for measuring characteristics which seem to differentiate between abuse, neglect, and adequate groups of 200 families. The data will be analyzed through discriminant and chi square analysis. Characteristics or variables differentiating the groups will be utilized in developing instruments for diagnostic purposes. Program evaluation will be performed by Berkeley Planning Associates.

**Research Results:** Development of instrumentation is still in progress.

#### CR-00117

Ohio State Univ., Columbus. Mershon Center.

1250 Chambers Rd.  
 Columbus, OH 43212

**Structure and Performance of Programs of Child Abuse and Neglect.**

Nagi, S. Z.

Jul 74-continuing  
Office of Child Development (DHEW), Washington, D.C.

**Research Purpose:** To (1) gain an analytical, nationally representative picture of the organization of the services and control mechanisms concerned with child abuse and neglect; (2) identify limitations and strengths in the structure and performance of these programs; and (3) prepare recommendations for improving the identification and control of the problem.

**Research Methodology:** Intensive interviews were conducted with professionals in agencies and programs serving a probability sample of the U.S. population.

**Research Results:** Extensive and complex data were collected from child protective services, police and sheriff departments, juvenile and family courts, school systems, hospital pediatric departments, hospital social services, and public health nursing.

**Publications:** (1) Nagi, S. Z. "Child Abuse and Neglect Programs: A National Overview." *Children Today* 4(3):13-17, May-June 1975. (2) Nagi, S. Z. *Child Maltreatment in the United States: A Challenge to Social Institutions*, Columbia University Press, N.J., 1977.

#### CR-00118

Children's Hospital Medical Center, Boston, Mass.  
300 Longwood Ave.  
Boston, MA 02115

##### Family Development Study.

Newberger, E. H.; Kotelchuck, M.  
Apr 72-Dec 77

Office of Child Development (DHEW), Washington, D.C.

**Research Purpose:** To test and expand hypotheses associating various environmental factors and experiences involved with nurturing and protecting young children with pediatric social illnesses; and estimate extent of possible misclassification.

**Research Methodology:** Interviews with the mother and father will be conducted to assess the contribution of the following variables to the etiology of pediatric social illnesses: developmental characteristics of the child, maternal and paternal childhood experiences, current functioning of the family, current environmental stresses. In addition, adaptations of the Chess, Birch, and Thomas research on child temperament and of the Vineland social maturity scale will be used. The sample includes families of 400 children newborn to 4 years old.

**Research Results:** Data analysis is in progress.

#### CR-00119

Youth Emergency Service, Inc., University City, Mo.  
6816 Washington Ave.  
University City, MO 63130

##### Identification of Abuse and Neglect.

Pallozola, J.; Range, D.  
Sep 75-May 76

National Inst. of Mental Health (DHEW), Rockville, Md.

**Research Purpose:** To (1) define abuse and neglect; (2) search and document existing data on age, sex, and the nature of the clients' problem; (3) analyze the data, noting any relationships or trends; and (4) detail the problems encountered in carrying out such a study.

**Research Methodology:** The resident population will be studied for identification purposes. The study will include a descriptive element, data composition and re-analysis, instrument development, and statute analysis. The population studied will include 12 men, 20 women, and 156 children.

**Research Results:** Data collection is in progress.

#### CR-00120

San Francisco General Hospital, Calif. Dept. of Pediatrics.

1001 Potrero

San Francisco, CA 94110

##### Sexual Abuse of Children.

Pascoe, D. J.; Glasser, M.  
Mar 77-Mar 78

San Francisco General Hospital, Calif.; San Francisco City Dept. of Health, Calif.; Queen's Bench Foundation, San Francisco, Calif.

**Research Purpose:** To determine the nature of sexual abuse in children, and evaluate the effectiveness of a medical treatment program for sexual abuse.

**Research Methodology:** Demographic and psychological data are collected on victims of sexual abuse. The evaluation of treatment will focus on the effectiveness of services, staff attitudes, and barriers to seeking treatment when delays have occurred. Documentation is from case records and staff conferences.

**Research Results:** Data collection is in progress.

**Publications:** Harrer, M.; Baxter, K.; Pascoe, D.; Burnett, P. N.; Glasser, M. *Medical Management of Sexually Abused Children and Adolescents*. San Francisco, Queen's Bench Foundation, 1977.

#### CR-00121

California Univ., Los Angeles. Neuro-psychiatric Inst.

760 Westwood Plaza

Los Angeles, CA 90024

University of California at Los Angeles (UCLA) Child Trauma Intervention Project.

Paulson, M. J.

Jan 70-Jun 80

Health Resources Administration (DHEW), Bethesda, Md.

**Research Purpose:** To assess the rehabilitative effectiveness of group therapy intervention for abusive parents consisting of either group psychotherapy alone, or group psychotherapy plus child management training; and to evaluate changes over time.

**Research Methodology:** The study group will consist of one sample of abusive parents receiving traditional group psy-

chotherapy; a second matched sample receiving group psychotherapy plus child management training; and a matched control group receiving only traditional casework supervision and follow-up by the Los Angeles County Department of Public Social Services. Incidence of abuse or recidivism within the family, and change in pre-post therapy psychological test data are the dependent variables to be assessed at the end of 12 months treatment. Data analysis will allow cross validation and refinement of psychological procedures designed to identify parental attitudes and behavior that may create a high risk for child maltreatment.

**Research Results:** The great majority of identified abusive parents are amenable to psychotherapy. Group psychotherapy and group psychotherapy augmented by child management information are procedures that have shown clinical usefulness but which have not been confirmed by methodologically sound, statistical analysis. Theoretical constructs and descriptive psychological test findings have been formulated and published in professional journals.

**Publications:** (1) Paulson, M. J. et al. "Parent Attitude Research Instrument (PARI): Clinical vs. Statistical Inferences in Understanding Abusive Mothers." *Journal of Clinical Psychology* 33(3):848-854, July 1977. (2) Paulson, M. J. et al. "Clinical Application of the Pd, Ma and (OH) Experimental MMPI Scales to Further Understanding of Abusive Parents." *Journal of Clinical Psychology* 32(3):558-564, July 1976. (3) Paulson, M. J. "Multiple Intervention Program for the Abused and Neglected Child." *Journal of Pediatric Psychology* 1(2):83-87, Spring 1976.

#### CR-00122

New Jersey State Div. of Youth and Family Services,  
Trenton. Bureau of Research, Planning, and Program  
Development.

1 S. Montgomery St.  
Trenton, NJ 08625

**Parent Interview Study of Child Abuse and Neglect Cases.**

Pelton, L. H.

Sep 75-continuing.

New Jersey State Div. of Youth and Family Services,  
Trenton.

**Research Purpose:** To ascertain the subjective realities of natural parents involved in child abuse and neglect cases, and their views of the child welfare agency, caseworkers, and services.

**Research Methodology:** Unstructured interviews with between 50 and 100 parents will be conducted. Interviewees will be screened from a random sample of non-Work Incentive cases in selected district offices.

**Research Results:** Data collection is in progress.

#### CR-00123

Panel for Family Living, Tacoma, Wash.

1115 S. 4th St.

Tacoma, WA 98405

**Coordinating Community Concern for Child Abuse.**

Perry, M. A.

Apr 74-Apr 77

Office of Child Development (DHEW), Washington, D.C.

**Research Purpose:** To evaluate the efficacy of parent education, group therapy, parent aide, and outreach counseling offered to parents who have abused or neglected their children.

**Research Methodology:** The evaluation will consist of a battery of tools which will allow interpretation of client change. The choice of measures is based in part upon assertions in the prevailing literature of those factors which might explain child abuse and neglect. The battery will allow systematic collection of information about parents, children, parent-child interaction, and environmental factors. Wherever possible, standard tools with norms and adequate reliability are used. In some cases, tools have been developed where none existed. Independent variables will include types of treatment intervention, while dependent variables will include incidence of abuse and neglect and patterns of parent-child interaction. The project will survey 100 parents, aged 18-50.

**Research Results:** Findings to date consist of a demographic description of clients and clinical judgments of progress. Data are still being collected.

#### CR-00124

Panel for Family Living, Tacoma, Wash. Washington  
Univ., Seattle.

1115 S. 4th St.

Tacoma, WA 98405

**Identification of Factors Which Discriminate Parents Who Abuse Their Children From Parents Who Do Not.**

Perry, M. A.

Jan 76-May 77

Washington Univ., Seattle.

**Research Purpose:** To compare parents who abuse their children with parents who do not.

**Research Methodology:** A group of child-abusing families who are clients of the Panel for Family Living will be matched on the basis of socioeconomic level and family structure with a group of families who do not abuse their children. A multivariate assessment procedure will be used to collect data which cover many of the variables highlighted in the child abuse literature. These will include parent anxiety, self-esteem, knowledge of behavior management skills, and background and attitudes. Observations will also be made of parent-child interactions. Comparisons between the two groups will allow the identification of factors unique to child abuse versus factors alleged to be related to child abuse but which are nondiscriminating and possibly an artifact of previous uncontrolled methodologies. The sample will include 50 men, 100 women, and 100 children.

**Research Results:** Instrumentation has been developed and data are being collected.

**CR-00125**

Georgia Univ., Athens. School of Social Work.  
Athens, GA 30602

**The Apathy-Futility Syndrome in Child Neglect: An Urban View.**

Polansky, N. A.

Jun 75-Aug 77.

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To explore the causes of neglect within the neglectful family and the immediate forces impinging upon the family.

**Research Methodology:** By comparing 46 neglectful families with 79 cases not known to be neglectful in attitudes, social histories, and home environment, differences between the groups may be distinguished. Complete batteries of clinical psychological tests will also be administered. All families under study will be Caucasian, low-income, from metropolitan Philadelphia, and with a child in the home aged 4 to 7 years. The survey will involve around 75 men, 125 women, and 125 children.

**Research Results:** Data collection is completed; analysis is nearly completed.

**CR-00126**

Washington State Dept. of Social and Health Services,  
Seattle.

T-252 HS Bldg., SB-56, Univ. of Washington  
Seattle, WA 98195

**Child Abuse and Neglect Curriculum Training Project.**

Quick, W.; Green, J. W.; Steppe, S. K.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum for professionals developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** Training will be conducted by the Panel for Family Living and the Northwest Federation of Human Services among a variety of professional groups including state child protective service workers and educational, medical, and law enforcement personnel. Training workshops will be held among specialized populations such as the military, native Americans, and Spanish-speaking people.

**Research Results:** Results are being analyzed.

**CR-00127**

Arizona State Univ., Tempe. Dept. of Psychology.  
Tempe, AZ 85281

**Experimental Assessment of a Child Abusing Parent Treatment Project.**

Reich, J. W.

Oct 74-Aug 77

Arizona State Univ., Tempe; Maricopa County Hospital,  
Phoenix, Ariz. Dept. of Pediatrics.

**Research Purpose:** To test the effectiveness of the Parent Aide concept developed by Helfer and Kempe by evaluating the therapeutic effectiveness of long-term parent-Parent Aide contacts that aim at reducing intrafamilial problems.

**Research Methodology:** Parents' attitudes toward their children, child-rearing, their spouses, and themselves will be assessed before the contacts with the Parent Aides begin and after the conclusion of the contacts. Attitudes will be assessed by using an instrument containing over 40 items which was specially developed for this purpose. This instrument has been factor analyzed on a sample of average adult parents. A second version of the instrument has been developed for different samples of parents. In conjunction with the attitudes measure, the Parent Aides will rate family interactions on a number of evaluation scales to determine over time if there is a change in parent-child and parent-Parent Aide interactions. Ten families are participating.

**Research Results:** Subjective ratings by the Parent Aides have revealed a tendency toward an increase in positivity of interactions.

**Publications:** Reich, J. W. "Experimental Assessment of a Child-Abusing Parent Treatment Project." *Journal of Pediatric Psychology* 1:94-97, 1976.

**CR-00128**

California Univ., Berkeley. School of Law.

Boalt Hall

Berkeley, CA 94720

**Childhood and Government Project.**

Riggan, W.

Oct 72-Sep 77

Ford Foundation; Carnegie Corp.

**Publications:** (1) Mnookin, R. H. "Foster Care: In Whose Best Interest?" In: *The Rights of Children*. Cambridge, Mass., Harvard University Press, 1974. (2) Mnookin, R. H. "Child Custody Adjudication: Judicial Functions in the Face of Indeterminacy." *Law and Contemporary Problems* 39(3):226, 1975. (3) Pers, J. S. *Government as Parent: Administering Foster Care in California*. Berkeley, Calif., Institute of Governmental Studies, 1976.

**CR-00129**

Ohio State Univ., Columbus. Dept. of Social Work.

190 N. Oval Dr.

Columbus, OH 43210

**A Study of the Attitudes of Child Care Workers Toward Use of Force.**

Rindfleisch, N.

Jul 74-Jun 76.

**Research Purpose:** To (1) study one group of child caretakers (child care workers) omitted from reporting systems

and from other studies of the problem of child abuse to date; (2) investigate the influence of certain demographic, organizational, and sociopsychological factors on the attitudes of child care workers toward use of force; and (3) develop a model involving several interacting causal contexts that would have utility for understanding of the structural dimensions of the use of force.

**Research Methodology:** The study utilizes an ex post facto design and field methods of data collection. Data are being gathered in the natural setting of 15 children's homes. Analysis of variable pairs is being done through use of correlation analysis techniques, and control of known alternatives is being sought through use of multivariate methods of data analysis. Data are being gathered through use of a five-part questionnaire: three parts are self-administered by the respondents; and in the other two parts, data are being gathered through structured interviews. Independent variables include demographic features, psychological attitudes, and participation in the specific organizational framework. The sample population consists of 100 child care workers.

**Research Results:** Data collection is in progress.

#### CR-00130

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.  
1205 Oneida  
Denver, CO 80220

#### Changing Abusive Parenting.

Rodeheffer, M. A.

Feb 76-Dec 76

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.

**Research Purpose:** To (1) assess the effects of services provided to abusive families after the court orders 1 or more of their young abused children (under 5 years of age) to be taken into protective custody; (2) assess the effects of a 3 to 6 month intensive, residential family treatment program; and (3) discover the extent to which intervention causes interaction changes between parents and child, aids in child development, and increases abusive parents' willingness to utilize services.

**Research Methodology:** Data were gathered via parent interviews, self-report data instruments, and behavioral observation of parent-child interactions in the clinic and at home. Comprehensive developmental assessments of all the children in the family (whether abused or not) were performed. Medical and social service records will be reviewed. Thirty-three adults (20 mothers and 13 fathers) and 33 children are in the sample.

**Research Results:** Data analysis is in progress.

#### CR-00131

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.  
1001 Jasmine St.  
Denver, CO 80220

#### Circle House Therapeutic Playschool for Abused Children.

Rodeheffer, M. A.; Mirandy, J. A.; Cone, S.

Dec 74-Dec 78

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.; Commonwealth Fund, New York, N.Y.

**Research Purpose:** The research undertaken within this program will study the development, personalities, and behavior of young children who have been physically abused; and assess the effects of a therapeutic playschool environment upon the development, personalities, and behavior of young children who have been abused.

**Research Methodology:** The developmental level of 20 children who experience physical abuse between the ages of 2.5 and 4 years of age is assessed. The subsequent development of a sample of these abused children who are enrolled in a therapeutic playschool is compared to that of a matched sample of abused children who either attend regular day care facilities or are cared for in their own homes. Standardized measures of cognitive speech and language and motor functioning provide data for these comparisons. The effects of the therapeutic playschool environment are further documented through behavioral observations of both the teachers and the children in the classroom.

**Research Results:** Data analysis is in progress.

#### CR-00132

North Carolina Univ., Chapel Hill. Dept. of Maternal and Child Health.

Chapel Hill, NC 27514

#### Hospital and Home Support for Maternal Attachment.

Saunders, M.; Schaefer, E. S.; Bauman, K. E.; Siegel, E.; Ingram, D. D.

Jun 75-May 78

National Inst. of Child Health and Human Development (DHEW), Bethesda, Md.

**Research Purpose:** To test the hypothesis that health personnel might contribute substantially to primary prevention in child mental health by providing increased support for maternal attachment and maternal care.

**Research Methodology:** Pregnant women are interviewed in their ninth month and then, after delivery, are assigned to 1 of 2 groups. One group receives routine hospital care and the other receives early or extended contact with the infant in the hospital and frequent visits by paraprofessionals trained to facilitate attachment and bonding. The sample is being recruited from the Guilford County Health Department and the infants are delivered at Moses H. Cone Hospital, Greensboro, N.C.

**Research Results:** Instrumentation is still being developed and data collection is in progress.

#### CR-00133

Ohio State Dept. of Public Welfare, Columbus. Bureau of Services for Family and Children.

30 East Broad St.  
Columbus, OH 43215

**Team Training in Ohio on Child Abuse and Neglect.**

Schafer, J.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To test a multidisciplinary curriculum for child abuse and neglect training that was prepared for the National Center on Child Abuse and Neglect.

**Research Methodology:** The training project involves 5 disciplines: social workers from public agencies, medical personnel from hospitals, juvenile officers from law enforcement agencies, mental health workers, and various school personnel from primary and secondary institutions. Three methods of delivery are involved: direct from the Ohio Department of Public Welfare for 21 of the state's public social service agencies; by contract for juvenile officers, medical personnel, and mental health workers; and by compact or contract for school personnel.

**Research Results:** An Executive Committee representing the 5 professional disciplines was formed to review the curriculum and to assist in development of the training plan.

**CR-00134**

Family Learning Center, Westminster, Colo.

P.O. Box 669

Westminster, CO 80030

**Family Learning Center.**

Schneider, C.; Pass, S.

Aug 74-May 77

Office of Child Development (DHEW), Washington, D.C.;  
Colorado State Dept. of Social Services, Denver.

**Research Purpose:** To (1) determine an effective, community-based multidisciplinary approach to the detection, treatment, and prevention of child abuse; (2) determine effective treatments that can be provided to abused or potentially abused children within the context of a social services department; and (3) determine speech and language deficits of the abused or potentially abused child population.

**Research Methodology:** To determine overall effectiveness of the program, each of the project's components are evaluated through compilation and analysis of statistics and through survey questionnaires. The speech and hearing of the abused child are being evaluated through the use of standardized speech and hearing tests administered by trained speech pathologists. The effectiveness of treatment for parents and child is being evaluated through the use of standardized development tests, telephone survey questionnaires, and observational scales administered under the direction of a research psychologist. The program is also being evaluated by Berkeley Planning Associates.

**Research Results:** Preliminary data on speech and hearing development of abused or potentially abused children have shown that abused children have a much higher degree of

language or speech delay and the delays are, in general, more severe than in the normal population. Children most affected are the younger ones who were seen during the critical periods of language development. Development in the older children seems to be less delayed. Scores on the McCarthy Scales of Children's Abilities clustered in the 80's. This may not reflect the children's true potentials, as many are lacking age-appropriate information such as knowing numbers and colors, and also lack basic skills development. Children under 30 months tested on the Bailey Scale of Infant Development do well on motor skill items but perform less well in areas concerning object constancy, means and end relationships, and social relationships. The frustration tolerance of these children is low.

**CR-00135**

Washington Univ., Seattle. Center for Social Welfare Research.

1417 N.E. 42nd St.

Seattle, WA 98195

**A Baseline Evaluation Procedure for Federal Standards on the Prevention, Identification, and Treatment of Child Abuse and Neglect.**

Seaberg, J. R.

Jun 76-Sep 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To develop and field test an evaluation design and instrumentation for use by states in evaluating their child abuse and neglect services compared with the Federal standards.

**Research Methodology:** A unique "baseline" evaluation procedure was field tested in 2 states.

**Research Results:** The final report is being prepared.

**CR-00136**

Child Welfare League of America, Inc., New York, N.Y.

67 Irving Place

New York, NY 10003

**Identification of the Factors Effective in the Discontinuation of Parental Abuse and Neglect.**

Shapiro, D.

May 75-Dec 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To determine variables that will enable professionals to predict which neglectful or abusive parents may be unable to change their behavior and which may be able to diminish or discontinue destructive behavior.

**Research Methodology:** Interviews are conducted by an experienced protective services worker with parents whose cases were activated in a protective services agency in 1973 by 3 or more contacts with the agency. Case records are reviewed for demographic variables and data

indicating socioeconomic status, stress, isolation, ability to cope, self-esteem, child-rearing attitudes, accessibility to service, and agency investment. These data will be analyzed in relation to whereabouts of the children, absence of complaints, case closing, indication of progress, subjective reports of parents, and research staff judgments of improvement.

**Research Results:** An outcome index was developed which consists of 6 intercorrelated variables, including staff judgement on improvement of mother's physical and parents' emotional care of the child; progress in mother's feeling of adequacy as a mother; and progress in mother's self-esteem. Twelve variables describing the parents were related to outcome: age of mother; income; years at current address; number of children in household; childrearing stress; housekeeping; accessibility; worker's view of accessibility; receptivity to services; worker objective; attitude toward worker; and initial behavior. Families offered a low number of services were more likely to have low outcome scores. Families assigned to a worker with a low caseload were more likely to have poor outcomes than those assigned to a worker with a high caseload. Poor outcome was also related to assignment to a worker who carried a specialized protective services caseload rather than a general caseload. Outcomes were also related to worker training, experience, and satisfaction; and duration of active services. When outcomes were measured in terms of case disposition, parent variables significantly related to outcome were income, mother's health, housing problems, childrearing stress, and attitude toward parenting role.

**CR-00137**

National Inst. for Community Development, Inc., Washington, D.C.

2021 K St. N.W.

Washington, D. C. 20006

**Technical Assistance in the Development and Improvement of Child Abuse and Neglect Reporting Systems and Central Register Systems.**

Shelton, Q. C.; Husey, R. S.

Jun 75-Dec 76

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To develop a Model Central Register System to be implemented in those states which desire to adopt one of the models; and to provide the training and technical assistance necessary for the implementation and operations of Model Central Registers.

**Research Methodology:** State central register systems are surveyed and analyzed through data collection and analysis; site visits; and the study of legislation, regulations, policy, and procedures. Boundary conditions for 3 model systems are identified. Central register systems and plan implementation are designed. Technical assistance, as well as training, is offered to regional or state personnel to effect implementation.

**Research Results:** Findings to date have yet to be formalized.

**CR-00138**

Baylor Coll. of Medicine, Houston, Tex. Population Program.

1200 Moursund

Houston, TX 77030

**Parenting Project "Middle Road Traveler."**

Smith, P. B.; Colligan, R. D.

Nov 75-continuing.

Texas State Dept. of Public Welfare, Austin.

**Research Purpose:** To develop and evaluate 12 30-minute television programs on parenting and 12 complementary curriculum guides for teachers.

**Research Methodology:** Levels of information and attitude change among 13 to 15-year-old adolescents who participated in the project were measured. The data were analyzed by computer.

**Research Results:** The program was effective in a majority of the goals of the selected topic areas.

**CR-00139**

Kauaikeolani Children's Hospital, Honolulu, Hawaii. Children's Protective Services Center.

226 N. Kuakini St.

Honolulu, HI 96817

**A Descriptive Study of the Physical and Mental Sequelae in Cases of Nonaccidental Injury and Neglect Admitted to Honolulu County Hospitals, 1970-1975.**

Starbuck, G. W.; Adelson, S. T.

Dec 75-Oct 77

Schoenith Foundation, Charlotte, N.C.; Kauaikeolani Children's Hospital, Honolulu, Hawaii.

**Research Purpose:** To determine the incidence and nature of mental, physical, and psychological handicaps suffered by children hospitalized for nonaccidental injury and neglect; and gather data on services received by these children in order to discover referral networks, coordination among agencies, rates of recidivism, and the possible need for coordinated follow-up of hospitalized children.

**Research Methodology:** Data were gathered on each child's health from birth to the present time, including birth and hospitalization records. Data were also gathered on each child's involvement with health and social agencies in Hawaii. The data bases are designed to document the child's mental, physical, and psychological handicaps through test reports present in hospital and health and social agency records. There are 233 children ranging from newborn to 4 years old at hospitalization in the sample. For each of the nonaccidentally injured (abused) children in the sample, an accidentally injured child hospitalized at the same age for comparable injuries is being studied.

**Research Results:** The final report is being prepared for publication.

**CR-00140**

Kauaikeolani Children's Hospital, Honolulu, Hawaii. Children's Protective Services Center.

226 N. Kuakini St.  
Honolulu, HI 96817

**A Study of Selected High-Risk Cases for Abuse or Neglect.**  
Starbuck, G. W.; Costello, G. R.  
Jan 74-77

Johnson and Johnson Inst. for Pediatric Service, New Brunswick, N.J.

**Research Purpose:** To design a multidisciplinary program that will prevent child abuse or neglect in an identifiable high-risk population, the low birthweight infant; and assess the effectiveness of the program.

**Research Methodology:** Twenty-seven low birthweight infants were randomly assigned to 3 groups which were subsequently checked to ensure balance in sex, socioeconomic, and ethnic variables. One group constituted the experimental (treatment) group; one constituted a control group for the reactive effects of measurement; and the third group received neither treatment nor measurement of current status. Three major preventive treatment strategies were applied to the experimental group: (1) infant stimulation, (2) home health-care program, and (3) parent education program. Four major dependent variables were selected: (1) developmental status of the child; (2) quality of maternal care; (3) mother-child behavioral interactions; and (4) reported incidents of abuse or neglect. Measurements will include child's developmental status, medical and social histories of the children, nursing assessment, observation, and confirmed reports of abuse or neglect.

**Research Results:** The final report is being prepared for publication.

#### CR-00141

Children's Hospital, Detroit, Mich. Family Development Study.

3901 Beaubien Blvd.  
Detroit, MI 48202

**Child Abuse: A Controlled Study of Social, Familial, Individual, and Interactional Factors.**

Starr, R. H.  
Jun 75-Sep 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To (1) determine the causes of child abuse; (2) explore the relationships between families characterized by child abuse and by drug abuse (heroin addiction); and (3) develop a list of factors correlated with child abuse and neglect.

**Research Methodology:** Three samples of families are being intensively studied: (1) those in which a child has been abused or neglected; (2) those in which one parent is entering a drug treatment program; and (3) control families. Families in all 3 groups are matched for social class, race, age of mother, and age of child. The measures include assessments of the following: demographic factors, isolation, stress, home environment, parent psychopathology and intelligence, knowledge of developmental norms, child-rearing attitudes, child behavior and development,

discipline practices used, marital conflict, and parent-child interaction. The samples consist of 240 families (80 per group). When available, 1 sibling less than 5 years old from each family will be studied.

**Research Results:** Data collection is in progress.

#### CR-00142

Maryland Univ., Baltimore County. Dept. of Psychology.  
Baltimore, MD 21228

**Child Abuse: A Controlled Study of Social, Familial, Individual, and Interactional Factors.**

Starr, R. H., Jr.  
Jun 75-Mar 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To determine causal and correlative factors in child abuse and neglect.

**Research Methodology:** Two hundred ten families matched for race, social class, and age and sex of child were intensively studied. Ninety families were characterized by abuse or neglect of a child and 30 by mothers entering a methadone treatment program; the remaining 90 families were matched controls. Index children were all less than 5 years of age. The following variables were examined: demographic factors, social isolation, stress, home environment, parent psychopathology, parent intelligence, knowledge of developmental norms, childrearing attitudes, child behavior and development, disciplinary practices, marital conflict resolution, and parent-child interaction.

**Research Results:** Preliminary findings for 40 abusive mothers and 40 control mothers indicate that both groups are predominantly lower class and black, with young children. The abuse sample was severely injured with many having multiple injuries. Abusive mothers were less likely to have ever held full-time employment or to own a car; had a lower monthly income; had more stressful events in the past year; were more isolated; had lower IQs; were less likely to admit to losing their temper; and were less accepting of the emotional complexity of childrearing tasks. Discriminant function analysis indicated that the best discriminators between groups were childrearing attitudes, prior full-time employment, and stressful events.

**Publications:** Publication of the results is planned.

#### CR-00143

British Columbia Univ., Vancouver. Div. of Child Psychiatry.

Vancouver, B.C. V6T 1W5, Canada

**Project Toddler: Early Intervention With High-Risk Children and Their Families.**

Stephenson, S. P.  
Apr 72-78

Department of National Health and Welfare, Ottawa (Ontario).



**Research Purpose:** The research component of this program consists of evaluation of the effects of various preventative mental health techniques upon problem families.

**Research Methodology:** Twenty-four children and their families were randomly and secretly assigned to experimental or control groups, and were initially evaluated medically, developmentally, and psychologically by a psychologist and a pediatrician. Tests included the Parental Attitude Research Inventory, Cattell Infant Test, Piaget Object Scale, and the Peabody Picture Vocabulary. Reassessment was made 2 to 2.5 years later using similar tests.

**Research Results:** Much descriptive material is available on the demonstration project. Evaluation has been difficult owing to massive social service reorganization in British Columbia. Present data show that children who stayed with the demonstration project more than 1 year showed a significant increase in I.Q. (14 points) when tested 6 months after the completion of the demonstration project, and significant improvement on other variables when compared with the central group and children and their families who stayed in the demonstration program for less than a year.

#### CR-00144

Texas State Dept. of Public Welfare, Austin. Special Projects Bureau.

John H Reagan Bldg.  
Austin, TX 78701

**Project Care:** Child Advocacy Resources Expansion.

Stern, J.; Marley, M.

Jul 75-78

Office of Child Development (DHEW), Washington, D.C.

**Research Purpose:** The research aspect of this demonstration project is to perform a policy study on the Bexar County military community's response to the problems of abuse and neglect.

**Research Methodology:** The policy study based on a structured survey of military and civilian child advocacy personnel and consisting of description and statute analysis, will define (1) focus of policy; (2) policy objectives, underlying values and hypotheses, target population, short and long-term effects; (3) consequences on military careers; and (4) interactions between military and civilian policy; and will develop alternative policy and recommendations to reduce and prevent legal, jurisdictional and administrative constraints affecting accomplishment of military child advocacy program objectives.

**Research Results:** Results will be available in January 1978.

#### CR-00145

New Hampshire Univ., Durham. Dept. of Sociology.  
Durham, NH 03824

**Physical Violence in American Families.**

Straus, M. A.; Gelles, R. J.; Steinmetz, S. K.

Jul 75-Sep 78

National Inst. of Mental Health (DHEW), Bethesda, Md.

**Research Purpose:** To (1) place the study of child abuse within the context of all uses of physical violence within the family; (2) test the subjective meaning of acts of violence to those involved; and (3) test certain theories about the etiology of intrafamily violence.

**Research Methodology:** All forms of violence within the family are being studied. Data are being gathered on the frequency and modality of violence. A national sample of 2,143 families has been interviewed. Comparisons will be drawn between families using a high level of violence and those which do not, particularly as it affects the children in these families.

**Research Results:** The study is still in preliminary stages.

**Publications:** (1) Gelles, R. J. *The Violent Home: A Study of Physical Aggression Between Husbands and Wives.* Beverly Hills, Calif., Sage Publications, 1974. (2) Steinmetz, S. K.; Straus, M. A. (Editors). *Violence in the Family.* New York, Harper and Row, 1974. (3) Gelles, R. J.; Straus, M. A. "Violence Towards Children in the United States." In: R. Bybee and F. J. Rutherford (Editors). *Violence and Vandalism at Home and at School.* Washington, D.C.: AAAS, 1977. (in press).

#### CR-00146

Iowa Univ., Oakdale. Inst. of Child Behavior and Development.

Oakdale, IA 52319

**Region VII Child Abuse and Neglect Resource Center.**

Theisen, W.

Jul 75-Jun 78

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To analyze child abuse and neglect central registry data from Missouri and Nebraska.

**Research Results:** The data are being analyzed.

#### CR-00147

Kansas State Dept. of Social and Rehabilitation Services,  
Topeka.

State Office Bldg.

Topeka, KS 66612

**Kansas State Grant Child Abuse and Neglect Training Program.**

Thomas, M.

Jun 75-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To improve the quality of services in connection with child abuse and neglect to children and families through education to the community and to professionals.

**Research Methodology:** Individual training modules including videotapes, aimed at specific groups, including individual professions, interdisciplinary groups, and community organizations dealing with abuse, will be designed. The

modules will cover material relating directly to the discipline of the audience as well as a general overview.  
**Research Results:** The project is in a preliminary phase.

**CR-00148**

Illinois State Office of Education, Springfield. Board of Education.  
 100 N. First St.  
 Springfield, IL 62777

**Demonstration State Training Project on Child Abuse and Neglect.**

Tilley, B. K.  
 Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** The NCCAN curriculum will be used to train about 1,100 participants. The curriculum is being adapted to incorporate state and local legislation and practices as well as cultural variations. Training sites are located in areas where the incidence of child abuse and neglect is high. Participants in the 5-day training sessions will include local school board members, administrators, school social workers, school counselors, school nurses, school psychologists, and influential parent group leaders. These trainees will return to their home school districts and provide training to the groups with which they are involved. Project participation in state professional conferences is also planned.

**Research Results:** Results are being analyzed.

**CR-00149**

Oregon Univ., Portland. Rosenfeld Center for the Study and Treatment of Child Abuse.  
 3181 SW Sam Jackson Park Rd.  
 Portland, OR 97201

**Fractured Femur Study.**

Tufts, E.  
 Dec 75-continuing

**Research Purpose:** To review fractures of the femur in infants and their relationship to mechanisms of injury from the perspective of abuse.

**Research Methodology:** Cases of fractured femur seen at the center are being reviewed by a pediatrician, orthopedist, and student; explanations given by the parent are being compared with type of fracture. A control group may be used. Approximately 40 children will be studied.

**Research Results:** Data collection is in progress. Preliminary indications show distinctions between fractures which are age dependent; certain types which are not due to abuse; and certain types which could be the result of abuse or accident.

**CR-00150**

Oregon Univ., Portland. Rosenfeld Center for the Study and Treatment of Child Abuse.  
 3181 SW Sam Jackson Park Rd.  
 Portland, OR 97201

**Failure to Thrive.**

Tufts, E.  
 Jun 75-Jun 80

**Research Purpose:** To assess the role of failure to thrive as an indicator of potential susceptibility for later abuse or neglect.

**Research Methodology:** Infants of less than 6 months who are 2 standard deviations below the mean normal height and weight are being studied. Comparisons are being made with a control group matched by age, sex, and race. All subjects are derived from the clinic population.

**Research Results:** Intake and data collection are in progress.

**CR-00151**

Illinois State Dept. of Children and Family Services, Peoria. Peoria Area Child Abuse Team.  
 5415 N. University  
 Peoria, IL 61614

**A Study of Reported Child Abuse in the Peoria Area: 1974-1975.**

Van Dyke, V.  
 Jan 74-Jun 76

Illinois State Dept. of Children and Family Services, Peoria.

**Research Purpose:** To describe accurately abused children and their families currently being reported to the Peoria Area Department of Children and Family Services Child Abuse Team; assess the nature and scope of child abuse in the area; and document what occurs in child abuse cases during investigation stages.

**Research Methodology:** Descriptive data were gathered from agency files and interviews with staff; a researcher used the information in completing a questionnaire on each of 292 children in the study population.

**Research Results:** A final report is in preparation.

**CR-00152**

New Jersey State Div. of Youth and Family Services, Trenton. Bureau of Research, Planning, and Program Development.  
 1 S. Montgomery St.  
 Trenton, NJ 08625

**Factors Relating to Levels of Child Care Among Families Receiving Public Assistance in New Jersey.**

Van Iperen, L.  
 Jun 75-Jun 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To (1) investigate whether such factors as family structure and functioning; child-rearing knowledge, attitudes, and practices; child and parental health; drugs and alcohol; and awareness and use of community resources significantly differentiate families who provide adequate care for their children from abusing or neglecting families; (2) develop conceptual and operational definitions of child abuse and neglect; and (3) ascertain the effect of economic factors on family functioning.

**Research Methodology:** The sample consists of 800 randomly selected AFDC recipient families. Of these 800, 300 families not known to the Division of Youth and Family Services (DYFS) will be compared with 400 families that are identified as abusing or neglecting or both. The three groups (not known to DYFS, abusing, and neglecting) will be compared on a wide range of social, psychological, and economic variables, using data from records and interviews. The study differs from previous research in that socioeconomic variables are controlled by selecting only respondents known to be on public assistance. There will be 6 clusters of variables: familial variables; medical and psychological problems of parents or perpetrators; social factors; special characteristics of the abused or neglected child; child-rearing attitudes and practices; and economic factors.

**Research Results:** Data analysis is in progress. Publication of the results is planned.

#### CR-00153

Massachusetts State Dept. of Public Welfare, Boston.  
Training Unit.

600 Washington St.  
Boston, MA 02111

Massachusetts Department of Public Welfare Training Project.

Veeder, N.  
Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW),  
Washington, D.C.

**Research Purpose:** To (1) demonstrate the effectiveness of the child abuse and neglect training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect; (2) improve staff attitudes toward and expand sensitivity to the total dynamics of child abuse and neglect, and (3) give staff members a better understanding of the state's child abuse and neglect statutes.

**Research Methodology:** Joint training is being provided to income maintenance and social service staffs. The NCCAN curriculum core units and the specialized module for social workers will be utilized, with special emphasis on problem-solving activities through role-playing and small group exercises.

**Research Results:** Results are being analyzed.

#### CR-00154

Virginia Commonwealth Univ., Richmond. Dept. of Social Work.

Richmond, VA 23284

Some Causes of Child Abuse.

Wells, M. G.

Jan 74-Sep 76.

**Research Purpose:** To (1) demonstrate that, while child rearing is burdensome to all parents, some have the physical, social, and psychological supports to alleviate the burden and that abusive parents lack these supports; (2) identify these supports to make better plans for prevention; and (3) demonstrate that preventive measures should take a wider view instead of focusing upon the individual families.

**Research Methodology:** In-depth interviewing with content analysis of the narrative recordings were used to identify common aspects of 30 families determined to have abused their offspring and to be lacking in social and emotional supports in child rearing.

**Research Results:** Many of the families interviewed were isolated from the community, had few friends, had lost close contact with generative families, or had no close ties in the first place. Some parents were the victims of abuse or neglect themselves as children. These coincident features apply to the parents who were currently involved with authorities because of abuse to their children. These families were also having difficulty defining their roles within the family and in relation to society.

#### CR-00155

New Mexico Univ., Albuquerque. Office of the Medical Investigator.

Albuquerque, NM 87131

Routine Mortality Case Finding, Statewide.

Weston, J. T.

Jul 73-continuing

New Mexico Univ., Albuquerque. School of Medicine.

**Research Purpose:** To perform a descriptive analysis of data derived from identification of instances of mortality attributed to or suspected to be due to child abuse within the state of New Mexico and on Indian reservations by request or contract.

**Research Methodology:** This is a retrospective survey reanalyzing data collected from on-site investigations, postmortem examinations and autopsies, and ancillary examinations including toxicological, occasional sociological and psychological autopsies, and serological and other consultations.

**Research Results:** Data are being collected and analyzed.

**Publications:** Palmer, C. H.; Weston, J. T. "Several Unusual Cases of Child Abuse, (New Mexico 1974-1975)." *Journal of Forensic Sciences* 21(4):851-855, October 1976.

**CR-00156**

Johns Hopkins Univ., Baltimore, Md. Dept. of Maternal and Child Health.

615 N. Wolfe St.  
Baltimore, MD 21205

**Navajo Child Abuse and Neglect Study.**

White, R. B.

Jan 76-Jul 77

Johns Hopkins Univ., Baltimore, Md. Dept. of Maternal and Child Health.

**Research Purpose:** To develop a data base for the incidence and prevalence of abuse and neglect; and examine pathogenic correlates to the various conditions detected through use of a comprehensive multi-agency study.

**Research Methodology:** A cross sectional review will be conducted of all Tribal Court, Bureau of Indian Affairs, and State Social Services referrals for abuse or neglect during calendar year 1975, plus a systematic random sample of records for all children aged 8 and under, seen at the Indian Health Service pediatric facilities or other medical centers serving the Navajo child population. Methods are employed to detect and classify children so identified, and test the reliability and validity of data. A double blind case numbering system is employed to ensure the confidentiality of data obtained. Abuse is categorized according to its litigation status and neglect is classified according to parental complicity. A comparison group of nonabused or neglected children is used and drawn from pediatric medical facility records.

**Research Results:** The 1971-74 abuse or neglect cases derived entirely from court sources, differed from 1975 cases in their severity of abuse, case disposition, and number of siblings in the family. The 1975 group showed more severe abuse cases, and a trend toward retaining children in their own homes with supportive services. Examination of the 365 abuse or neglect and 867 comparison cases for 1975 did not reveal significant differences for age, sex, or ethnicity. Only 52.3 percent of the maltreated children had married parents, compared to 85.5 percent of the comparison children. Results did not support the hypothesis that early age at first pregnancy is associated with child abuse or neglect. Mothers of abused children had less formal education than mothers of neglected children. Families of abused or neglected children were significantly more likely to be dependent on public assistance as their primary income source than were comparison families. Extrapolation of study findings provided an estimated incidence of abuse and neglect for Navajo children under age 9 of about 70 cases per 1,000 children.

**Publications:** White, R. B. Navajo Child Abuse and Neglect Study: Final Report. Baltimore, Johns Hopkins Univ. Department of Maternal and Child Health.

1425 H St. N.W., Suite 600

Washington, DC 20005

**Child Abuse and Neglect Training Project.**

Whiting, L.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** The project will function in 8 Federal regions. Ten sessions will be sponsored directly by the National Association of Social Workers (NASW) chapters, and 2 contrast group sessions, designed to be responsive to cultural variations, will be conducted in rural Native American and Mexican American communities. Additional sessions will be carried out in cooperation with other organizations, conferences, and schools of social work. NASW, with assistance from the Council on Social Work Education, will aid in gaining sponsorship of the Career Orientation training component at schools of social work and encouraging these schools to use the curriculum at summer institutes.

**Research Results:** Results are being analyzed.

**CR-00158**

Missouri State Dept. of Social Services, Jefferson City Div. of Family Services.

Broadway State Office Bldg.

Jefferson City, MO 65101

**Missouri Department of Social Services Training Project.**

Wood, P.

Aug 76-Jul 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Research Purpose:** To demonstrate the effectiveness of a training curriculum for professionals developed by the National Center on Child Abuse and Neglect (NCCAN) dealing with the identification, reporting, and case management of child abuse and neglect.

**Research Methodology:** Full-time staff development specialists from the Department of Social Services Division of Family Services will train protective services workers in selected rural and urban sites. The NCCAN curriculum will be combined with materials already developed by the Department to produce a basic child abuse and neglect curriculum for all new protective service workers. Videotapes of different cultural and ethnic clients will be used in training to heighten awareness of cultural differences in child rearing.

**Research Results:** Results are being analyzed.

**CR-00157**

National Association of Social Workers, Inc., Washington, D.C.

**CR-00159**

Iowa State Dept. of Social Services, Des Moines. Div. of  
Community Services.

Lucas State Office Bldg.

Des Moines, IA 50311

**Increasing the Effectiveness of Foster Care Through the Use  
of a Service Contract.**

Zober, E.

Sep 74-continuing

Children's Bureau (DHEW), Washington, D.C.

**Research Purpose:** To demonstrate that effective case planning will increase opportunities for children in foster care to receive the most appropriate services for their needs.

**Research Methodology:** A single group of 50 children between the ages of 5 and 18 years are being studied. Each child came from a living situation with at least 1 biological

parent, was old enough to understand a contract, remained in foster care for 6 weeks or more. Data were collected at the time the child was identified as a prospective case. Follow-up data are collected at monthly intervals during foster care and for 1 year following termination of foster care. Data are collected regarding objectives to be achieved during foster care and achievement of intermediate goals.

**Research Results:** In the selection of cases for the project it was found that half the children who appear on the case-loads do not come from a living situation with a biological parent but from one foster care placement to another. For the first 50 children in the project, the anticipated length of stay in foster care was 1 year or less. There may be an association between planning and length of stay in foster care. Data collection is in progress.

## INVESTIGATOR INDEX

This index lists principal investigators of child abuse and neglect research projects. When two or more project titles are listed under an investigator's name, they are listed in accession number order.

Accession numbers of projects have "CR" prefixes and are displayed beneath and to the left of the titles, as shown in the sample below:

Accession Number ————— ALFARO, J.D.  
Study of the Relationship Between Child  
Abuse and Neglect and Later Socially  
Deviant Behavior.  
CR-00001

- ADELSON, S. T.**  
A Descriptive Study of the Physical and Mental Sequelae in Cases of Nonaccidental Injury and Neglect Admitted to Honolulu County Hospitals 1970-1975.  
CR-00139
- ALFORD, R.**  
South Carolina Child Abuse and Neglect Training for Public Health Professionals.  
CR-00001
- ALGER, M.**  
Hana Like Home Visitor Project.  
CR-00002
- ALTEMEIER, W. A., III**  
Causal Factors in Neglect and Battering: A Prospective Study.  
CR-00003
- ANDERSON, B.**  
Arkansas Child Abuse Training Program.  
CR-00052
- ANNECILLO, C.**  
IQ Change Following Change of Domicile in the Syndrome of Reversible Hyposomatotropinism (Psychosocial Dwarfism).  
CR-00114
- AREEN, J.**  
Georgetown Juvenile Justice Clinic.  
CR-00004
- AUKERMAN, R. B.**  
Child Abuse and Neglect Training Project.  
CR-00087
- BAKEMAN, R.**  
Abnormal Mother-Infant Behavior and Child Abuse.  
CR-00018
- BAKER, J. M.**  
Parents Anonymous Self-Help for Child Abusing Parents Evaluation Project.  
CR-00005
- BAUMAN, K. E.**  
Hospital and Home Support for Maternal Attachment.  
CR-00132
- BAUSELL, R. B.**  
Factors Relating to Levels of Child Care Among Families Receiving Public Assistance in New Jersey.  
CR-00006
- BEAN, S. L.**  
Parents' Center Project for the Study and Prevention of Child Abuse.  
CR-00057
- BENN, B. A.**  
Evaluation of Child Abuse and Neglect Demonstration Resource Projects.  
CR-00007
- BENNETT, C.**  
Parent and Child Effective Relations (PACER).  
CR-00045
- BENTLEY, R. J.**  
An Exploratory Investigation of Potential Societal and Intra-familial Factors Contributing to Child Abuse and Neglect.  
CR-00008
- BERKOWITZ, L.**  
The Child's Contribution to Child Abuse.  
CR-00090
- BERMEA, M.**  
Migrant Child Abuse and Neglect Prevention Project.  
CR-00009
- BLACK, R.**  
An Investigation of the Relationship Between Substance Abuse and Child Abuse and Neglect.  
CR-00109
- BOHNSTEDT, M.**  
Analysis of Child Abuse Reported to a Law Enforcement Agency.  
CR-00010
- BOLTON, F. G., JR.**  
Arizona Community Development for Abuse and Neglect.  
CR-00011
- BOND, P. A.**  
10-Year Follow-up of Abused Children.  
CR-00012

- BORISKIN, J.**  
Child Abuse Resource Center of North Dakota.  
CR-00055
- BRANDWINE, A.**  
Parent Lounge Project.  
CR-00013
- BRITTAIN, D.**  
Pro-Child: A Child Abuse and Neglect Demonstration Project.  
CR-00014
- BROADHURST, D. D.**  
Project Protection - A Multidisciplinary Approach to Educational Problems Associated With Child Abuse and Neglect.  
CR-00015
- BROTMAN, R.**  
Family Care Program.  
CR-00016
- BROWN, D.**  
Child Abuse Multidisciplinary Training Project.  
CR-00017
- BROWN, J. V.**  
Abnormal Mother-Infant Behavior and Child Abuse.  
CR-00018
- BROWN, L.**  
National Study on Child Neglect and Abuse Reporting.  
CR-00019
- BRUMMITT, J. R.**  
A Family Aide Project for Parents With a High Risk of Child Abuse.  
CR-00105
- BUHRMAN, J.**  
Illinois Child Abuse Training Project.  
CR-00020
- BURGESS, R. L.**  
Social Interaction Patterns Relating to Child Abuse and Neglect.  
CR-00021
- CABOT, D.**  
Prince George's County Hotline Survey on Adolescent Abuse.  
CR-00022
- CAIN, J.**  
Concern for Children in Placement.  
CR-00023
- CAMERON, J.**  
Child Abuse Training Project.  
CR-00024
- CARTER, L.**  
Children of Narcotic Addicts: An Invisible Population.  
CR-00025
- CAULFIELD, M. C.**  
Measures to Predict Child Abuse.  
CR-00040
- CHABON, R. S.**  
Family Care Clinic of Sinai Hospital, Inc.  
CR-00026
- CHAPA, D.**  
San Antonio Child Abuse and Neglect Research Project.  
CR-00027
- CLARKE, A.**  
A Study of Child Abuse and Neglect Among Minority Groups in Pierce County, Washington.  
CR-00112
- COHN, A. H.**  
Evaluation, National Office of Child Development (OCD) and Social Rehabilitation Service (SRS) Joint Demonstration Program in Child Abuse and Neglect.  
CR-00028
- COLLIGAN, R. D.**  
Parenting Project "Middle Road Traveler."  
CR-00138
- CONE, S.**  
Circle House Therapeutic Playschool for Abused Children.  
CR-00131
- CONNOR, G. L.**  
URSA Child Abuse and Neglect Demonstration Training Grant.  
CR-00029
- CONYERS, J.**  
Illinois Child Abuse Training Project.  
CR-00020
- COSTELLO, G. R.**  
A Study of Selected High-Risk Cases for Abuse or Neglect.  
CR-00140
- CROSBY, A.**  
Professional Continuing Education Demonstration Projects on Child Abuse and Neglect.  
CR-00030
- CROWLEY, C.**  
Epidemiological Study of Child Deaths in New Jersey in 1974.  
CR-00031
- CUNNINGHAM, P. H.**  
A Family Aide Project for Parents With a High Risk of Child Abuse.  
CR-00105
- CURRY, D.**  
Project Thrive: Enhancing the Black Family and Protecting the Children.  
CR-00032
- DANE, R.**  
Child Abuse and Neglect Project.  
CR-00033

- DAVIS, I. L.  
Wisconsin Department of Public Instruction Training Project.  
CR-00034
- DAY, N. A.  
Development of Child Abuse and Neglect Training Materials.  
CR-00035
- DEA, K. L.  
Children of Narcotic Addicts: An Invisible Population.  
CR-00025
- DECASTRO, F. J.  
Child Abuse Management: An Operational Interdisciplinary Approach.  
CR-00036
- DEINARD, A.  
A Prospective Study of the Antecedents of Child Abuse.  
CR-00046
- DENNEY, L. M.  
Makah Child Development.  
CR-00085
- DENSEN-GERBER, J.  
Odyssey House Parents Program - Demonstration Project.  
CR-00037
- DILLINGHAM, J. C.  
Assistance to Teachers and Other Pre-School and School Personnel Required by Law to Report Child Abuse and Neglect Cases: A Research and Demonstration Project.  
CR-00038
- DINGES, J. B.  
Child Abuse and Neglect Resources Demonstration (CANRED) Project.  
CR-00039
- DISBROW, M. A.  
Measures to Predict Child Abuse.  
CR-00040
- DOERR, H. O.  
Measures to Predict Child Abuse.  
CR-00040
- DOTY, E. F.  
Development and Conduct of a System of Evaluation for Demonstration Centers in Child Abuse and Neglect.  
CR-00041
- DOUGLAS, F. M.  
Family Treatment Center for Child Abuse.  
CR-00042
- DOYLE, L.  
Child Protective Service Evaluation Study.  
CR-00043
- DREWS, K.  
Child Abuse and Neglect Training Project.  
CR-00044
- EDWARDS, R.  
Parent and Child Effective Relations (PACER).  
CR-00045
- EGELAND, B.  
A Prospective Study of the Antecedents of Child Abuse.  
CR-00046
- ELDRED, C. A.  
National Study of the Incidence and Severity of Child Abuse and Neglect.  
CR-00047
- ELLERSTEIN, N. S.  
Recognition and Follow-up of Child Abuse and Neglect Cases Requiring Hospitalization.  
CR-00048
- ELMER, E.  
Child Abuse: An Interdisciplinary Training Model.  
CR-00049
- EPHROSS, P. H.  
Pediatric Family Clinic Evaluation.  
CR-00050
- EYMAN, N.  
Central Texas Council of Governments Child Abuse and Neglect Demonstration Organization.  
CR-00097
- FITCH, M. J.  
A Prospective Study in Child Abuse.  
CR-00051
- FITZHUGH, A. S.  
Arkansas Child Abuse Training Program.  
CR-00052
- FORD, R. J.  
Photography of Suspected Child Abuse and Maltreatment.  
CR-00053
- FOX, P.  
The Educational System's Role in Child Abuse and Neglect.  
CR-00088
- FRAIBERG, S.  
An Infant Mental Health Program.  
CR-00054
- FRIEDRICH, B.  
Child Abuse Resource Center of North Dakota.  
CR-00055
- FRODI, A.  
Possible Contributions of Children to Their Own Abuse.  
CR-00056



- GALDSTON, R.**  
Parents' Center Project for the Study and Prevention of Child Abuse.  
CR-00057
- GARBARINO, J.**  
The Human Ecology of Child Maltreatment.  
CR-00058
- GAUGHAN, M.**  
Participant Observation of the Reorganization of a System of Care for Abused and Neglected Children: A Study in Child Advocacy.  
CR-00107
- GEER, W. C.**  
A Demonstration of the Effectiveness of a National Training Curriculum.  
CR-00110
- GEISMAR, L.**  
Factors Relating to Levels of Child Care Among Families Receiving Public Assistance in New Jersey.  
CR-00059
- GELDOF, D.**  
Prince George's County Hotline Survey on Adolescent Abuse.  
CR-00022
- GELLES, R. J.**  
The Social Construction of Child Abuse.  
CR-00060
- Physical Violence in American Families.  
CR-00145
- GIL, D. G.**  
Social Violence and Violence in Families.  
CR-00061
- GIOVANNONI, J. M.**  
Early Warning Signals of Severe Neglect and Abuse.  
CR-00062
- GLASSER, M.**  
Sexual Abuse of Children.  
CR-00120
- GLOMB, D.**  
Baton Rouge Child Protection Center.  
CR-00063
- GREEN, A. H.**  
Identification and Definition of Factors Causally Associated With Child Abuse and Neglect.  
CR-00064
- GREEN, J.**  
Performance-based Instructional Development Project for Child Protective Service (CPS) Workers.  
CR-00065
- GREEN, J. W.**  
Child Abuse and Neglect Curriculum Training Project.  
CR-00126
- GREEN, T. D.**  
Maximum Feasible Understanding of Abused, Neglected, and Sexually Exploited Children and Their Families.  
CR-00066
- GREENBERG, R.**  
Family Treatment Center for Child Abuse.  
CR-00042
- GROSS, N.**  
School and Community Program for the Abused and Neglected Child (SCAN).  
CR-00067
- GUNDY, J. H.**  
Children At Risk Program.  
CR-00068
- HAMMAR, S. L.**  
Hawaii Child Abuse Demonstration Project-Hawaii Family Stress Center.  
CR-00069
- HARRELL, M.**  
Parental Stress Center.  
CR-00070
- HASTORF, A.**  
Psychological Sequelae of Foster Home and Parental Placement of Abused and Neglected Children.  
CR-00101
- HEALEY, P.**  
Prosecutor's Child Abuse Training Project.  
CR-00071
- HELPER, P.**  
Service Project to Determine the Reliability and Validity of the Child-rearing Questionnaire.  
CR-00072
- HERRENKOHL, E. C.**  
State Demonstration Grant on Child Abuse.  
CR-00073
- An Investigation of the Effects of a Multidimensional Service Program on Recidivism or Discontinuation of Child Abuse and Neglect.  
CR-00074
- Family Style and Coping in Child Abusing Families.  
CR-00075
- HERRENKOHL, R. C.**  
State Demonstration Grant on Child Abuse.  
CR-00073
- An Investigation of the Effects of a Multidimensional Service Program on Recidivism or Discontinuation of Child Abuse and Neglect.  
CR-00074

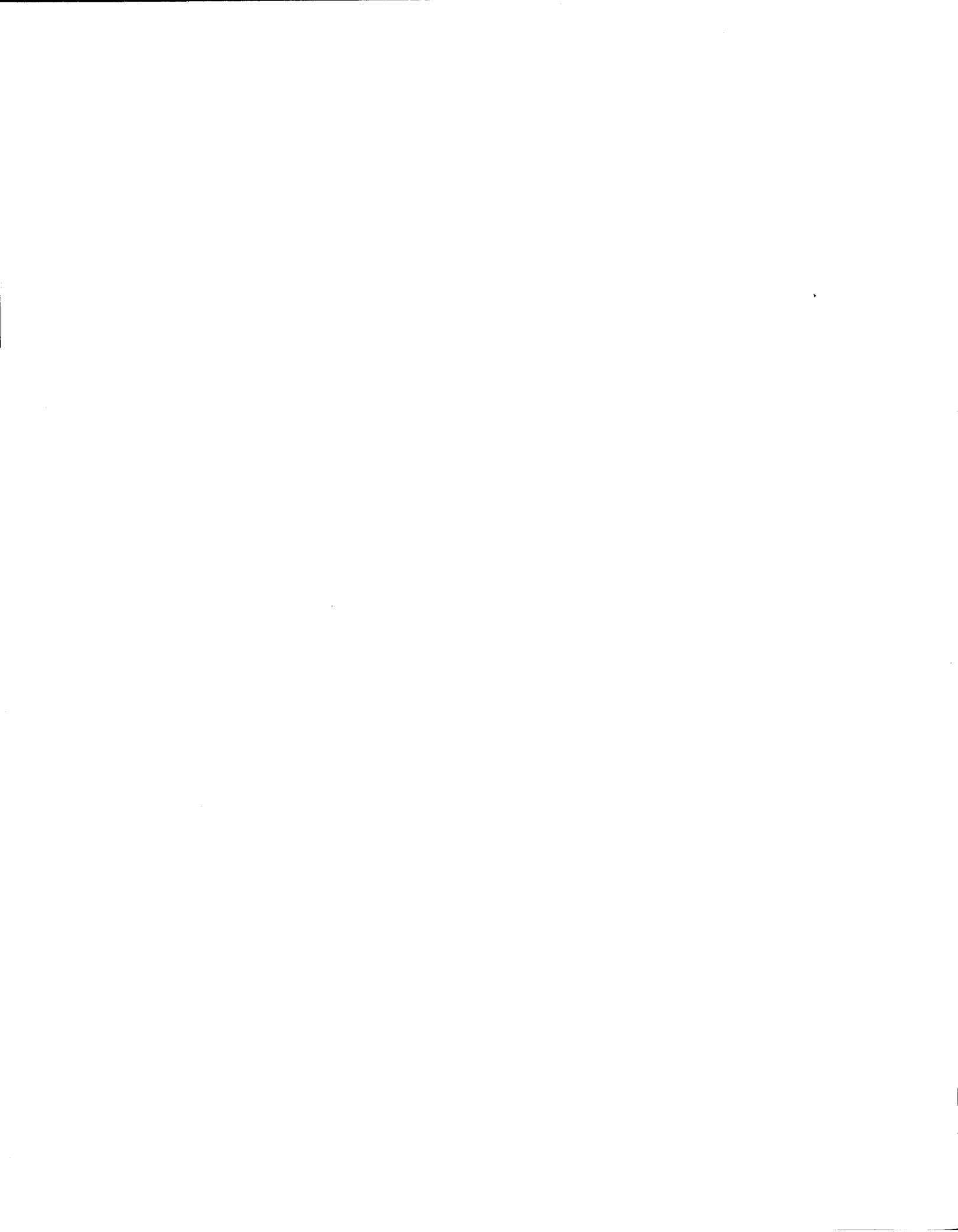
- Family Style and Coping in Child Abusing Families.  
CR-00075
- HILL, J. W.**  
Arkansas Child Abuse and Neglect Project. (Evaluation).  
CR-00076
- HOLLAND, C.**  
State Child Abuse and Neglect Demonstration Training Project.  
CR-00077
- HOLLAND, S.**  
Public Schools of the District of Columbia. Training Project.  
CR-00078
- HOLMES, M.**  
Development of a Guide for Public Social Service Departments  
on Social Service Delivery Systems to Abused and Neglected  
Children and Families.  
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- HOROWITZ, B.**  
Factors Relating to Levels of Child Care Among Families Re-  
ceiving Public Assistance in New Jersey.  
CR-00059
- Union County Protective Services Demonstration Project Evalua-  
tion.  
CR-00080
- Evaluation of Teaching Homemakers Project.  
CR-00081
- HOUSTON, T. R.**  
Development and Conduct of a System of Evaluation for Dem-  
onstration Centers in Child Abuse and Neglect.  
CR-00041
- HOWE, R. A.**  
Legal Bases for Child Protection.  
CR-00091
- HUGHES, G. E.**  
Professional Continuing Education Demonstration Project on  
Child Abuse and Neglect.  
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- HUGHES, L. S.**  
Professional Continuing Education Demonstration Project on  
Child Abuse and Neglect.  
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- HUNTER, R.**  
Neonatal Intensive Care Nursery Project for Predicting Child  
Abuse and Neglect.  
CR-00083
- HURT, M., JR.**  
Data Systems for Planning Children's Research: Interagency  
Panels on Early Childhood and Adolescence.  
CR-00084
- HUSEY, R. S.**  
Technical Assistance in the Development and Improvement of  
Child Abuse and Neglect Reporting Systems and Central Register  
Systems.  
CR-00137
- IDES, E. L.**  
Makah Child Development.  
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- INGRAM, D. D.**  
Hospital and Home Support for Maternal Attachment.  
CR-00132
- ISSACSON, J. F.**  
Child Welfare Training Project Evaluation.  
CR-00086
- JACKSON, C.**  
Child Abuse and Neglect Project.  
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- JOHNSON, R.**  
Child Abuse and Neglect Training Project.  
CR-00087
- JONES, C. D.**  
The Educational System's Role in Child Abuse and Neglect.  
CR-00088
- JUSTICE, B.**  
Life Crisis as a Precursor to Child Abuse.  
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- KADUSHIN, A.**  
The Child's Contribution to Child Abuse.  
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- KAPLAN, D.**  
School and Community Program for the Abused and Neglected  
Child (SCAN).  
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- KATZ, S. N.**  
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- KENNEL, J. H.**  
Mother to Infant Attachment.  
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- KENT, J.**  
A Longitudinal Study of Physically Abused Children.  
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- Behavior, Parenting, and Outcome of High-Risk Infants.  
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- KERTZMAN, D.**  
Dependency, Frustration Tolerance, and Impulse Control in  
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- KINARD, M.**  
Emotional Maladjustment of Physically Abused Children.  
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- KNOX, J. C.**  
Central Texas Council of Governments Child Abuse and Neglect  
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- KOEMPEL, L. A.**  
Carrying Out the Child Protection Law: A Study of the Opera-  
tion of the New York State Law in Dutchess County 1973-1975.  
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- KOTELCHUCK, M.**  
Family Development Study.  
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- KRAWCZUK, I.**  
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- KRELL, H.**  
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- LAMB, M.**  
Possible Contributions of Children to Their Own Abuse.  
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- LANGE, M.**  
Analysis of the Psychological Characteristics and Service Needs  
of Abused Preschool Children.  
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- LEBSACK, J. R.**  
National Study on Child Neglect and Abuse Reporting.  
CR-00019
- LEE, M.**  
Child Abuse and Neglect Training Grant.  
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- LEIDERMAN, P. H.**  
Psychological Sequelae of Foster Home and Parental Placement  
of Abused and Neglected Children.  
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- LEWIS, M.**  
The Effect of Birth Order on Mother-Child Relationship.  
CR-00102
- LORNELL, W.**  
New York State Department of Education Training Project.  
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- LOURIE, I. S.**  
Studies of the Abused and Neglected Adolescent.  
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- LUEBBERT, G.**  
San Antonio Child Abuse and Neglect Research Project.  
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- MACMURRAY, V. D.**  
A Family Aide Project for Parents With a High Risk of Child  
Abuse.  
CR-00105
- MADEN, M. F.**  
The Disposition of Reported Child Abuse in Multnomah County,  
Oregon.  
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- MAGURA, S.**  
Epidemiological Study of Child Deaths in New Jersey in 1974.  
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- MANEY, A. C.**  
Participant Observation of the Reorganization of a System of  
Care for Abused and Neglected Children: A Study in Child Ad-  
vocacy.  
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- MARLEY, M.**  
Project Care: Child Advocacy Resources Expansion.  
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- MARTIN, H. P.**  
Follow-up Studies of Abused Children.  
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- MAYER, J.**  
An Investigation of the Relationship Between Substance Abuse  
and Child Abuse and Neglect.  
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- MCCAFFREY, M.**  
A Demonstration of the Effectiveness of a National Training  
Curriculum.  
CR-00110
- MCCATHREN, R. R.**  
Regional Resource Center on Child Abuse and Neglect.  
CR-00111
- MELMED, E. C.**  
Assistance to Teachers and Other Pre-School and School Person-  
nel Required by Law to Report Child Abuse and Neglect Cases:  
A Research and Demonstration Project.  
CR-00038
- MENZEL, R. K.**  
A Study of Child Abuse and Neglect Among Minority Groups in  
Pierce County, Washington.  
CR-00112
- MILLER, P. J.**  
A Process Evaluation for Innovative Demonstration Projects.  
CR-00113
- MIRANDY, J. A.**  
Circle House Therapeutic Playschool for Abused Children.  
CR-00131
- MLYNIC, W.**  
Georgetown Juvenile Justice Clinic.  
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- MONEY, J.**  
IQ Change Following Change of Domicile in the Syndrome of Reversible Hyposomatotropinism (Psychosocial Dwarfism).  
CR-00114
- Reversible Hyposomatotropinism (Psychosocial Dwarfism): Behavioral Data in Cases and Their Families.  
CR-00015
- MORENO, H.**  
Migrant Child Abuse and Neglect Prevention Project.  
CR-00009
- MORENO, N.**  
Child Abuse and Neglect Demonstration Unit.  
CR-00116
- MOSS, M.**  
Pro-Child: A Child Abuse and Neglect Demonstration Project.  
CR-00014
- NAGI, S. Z.**  
Structure and Performance of Programs of Child Abuse and Neglect.  
CR-00117
- NEWBERGER, E. H.**  
Family Development Study.  
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- O'CONNOR, S.**  
Causal Factors in Neglect and Battering: A Prospective Study.  
CR-00003
- PALLOZOLA, J.**  
Identification of Abuse and Neglect.  
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- PASCOE, D. J.**  
Sexual Abuse of Children.  
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- PASS, S.**  
Family Learning Center.  
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- PAULSON, M. J.**  
University of California at Los Angeles (UCLA) Child Trauma Intervention Project.  
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- PELTON, L. H.**  
Parent Interview Study of Child Abuse and Neglect Cases.  
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- PERRY, M. A.**  
Coordinating Community Concern for Child Abuse.  
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- Identification of Factors Which Discriminate Parents Who Abuse Their Children From Parents Who Do Not.  
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- PHILLIPS, Y.**  
Central Texas Council of Governments Child Abuse and Neglect Demonstration Organization.  
CR-00097
- POLANSKY, N. A.**  
The Apathy-Futility Syndrome in Child Neglect: An Urban View.  
CR-00125
- QUICK, W.**  
Child Abuse and Neglect Curriculum Training Project.  
CR-00126
- RANGE, D.**  
Identification of Abuse and Neglect.  
CR-00119
- RAPOFF, M.**  
Analysis of the Psychological Characteristics and Service Needs of Abused Preschool Children.  
CR-00099
- REICH, J. W.**  
Arizona Community Development for Abuse and Neglect.  
CR-00011
- Experimental Assessment of a Child Abusing Parent Treatment Project.  
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- REID, D. B.**  
Illinois Child Abuse Training Project.  
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- RIGGAN, W.**  
Childhood and Government Project.  
CR-00128
- RINDFLEISCH, N.**  
A Study of the Attitudes of Child Care Workers Toward Use of Force.  
CR-00129
- RODEHEFFER, M. A.**  
Changing Abusive Parenting.  
CR-00130
- Circle House Therapeutic Playschool for Abused Children.  
CR-00131

- SAUNDERS, M.**  
Hospital and Home Support for Maternal Attachment.  
CR-00132
- SCHAEFER, E. S.**  
Hospital and Home Support for Maternal Attachment.  
CR-00132
- SCHAFFER, J.**  
Team Training in Ohio on Child Abuse and Neglect.  
CR-00133
- SCHNEIDER, C.**  
Family Learning Center.  
CR-00134
- SEABERG, J. R.**  
A Baseline Evaluation Procedure for Federal Standards on the Prevention, Identification, and Treatment of Child Abuse and Neglect.  
CR-00135
- SHAPIRO, D.**  
Identification of the Factors Effective in the Discontinuation of Parental Abuse and Neglect.  
CR-00136
- SHELTON, Q. C.**  
Technical Assistance in the Development and Improvement of Child Abuse and Neglect Reporting Systems and Central Register Systems.  
CR-00137
- SIEGEL, D.**  
Parent Lounge Project.  
CR-00013
- SIEGEL, E.**  
Hospital and Home Support for Maternal Attachment.  
CR-00132
- SMISTEK, B. S.**  
Photography of Suspected Child Abuse and Maltreatment.  
CR-00053
- SMITH, P. B.**  
Parenting Project "Middle Road Traveler."  
CR-00138
- STARBUCK, G. W.**  
A Descriptive Study of the Physical and Mental Sequelae in Cases of Nonaccidental Injury and Neglect Admitted to Honolulu County Hospitals, 1970-1975.  
CR-00139
- A Study of Selected High-Risk Cases for Abuse or Neglect.  
CR-00140
- STARR, R. H.**  
Child Abuse: A Controlled Study of Social, Familial, Individual, and Interactional Factors.  
CR-00141
- STARR, R. H., JR.**  
Child Abuse: A Controlled Study of Social, Familial, Individual, and Interactional Factors.  
CR-00142
- STEINMETZ, S. K.**  
Physical Violence in American Families.  
CR-00145
- STEPHENSON, S. P.**  
Project Toddler: Early Intervention With High-Risk Children and Their Families.  
CR-00143
- STEPPE, S. K.**  
Performance-based Instructional Development Project for Child Protective Service (CPS) Workers.  
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- Child Abuse and Neglect Curriculum Training Project.  
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- STERN, J.**  
Project Care: Child Advocacy Resources Expansion.  
CR-00144
- STRAUS, M. A.**  
Physical Violence in American Families.  
CR-00145
- THEISEN, W.**  
Regional VII Child Abuse and Neglect Resource Center.  
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- THOMAS, M.**  
Kansas State Grant Child Abuse and Neglect Training Program.  
CR-00147
- THOMAS, S.**  
Prosecutor's Child Abuse Training Project.  
CR-00071
- TILLEY, B. K.**  
Demonstration State Training Project on Child Abuse and Neglect.  
CR-00148
- TUFTS, E.**  
Fractured Femur Study.  
CR-00149
- Failure to Thrive.  
CR-00150
- UOHARA, B.**  
Hana Like Home Visitor Project.  
CR-00002
- VAN DYKE, V.**  
A Study of Reported Child Abuse in the Peoria Area: 1974-1975.  
CR-00151

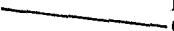
- VAN IPEREN, L.  
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Accession numbers of projects have "CR" prefixes and are displayed beneath and to the left of the project titles, as shown in the sample below:

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NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES, ALBANY.  
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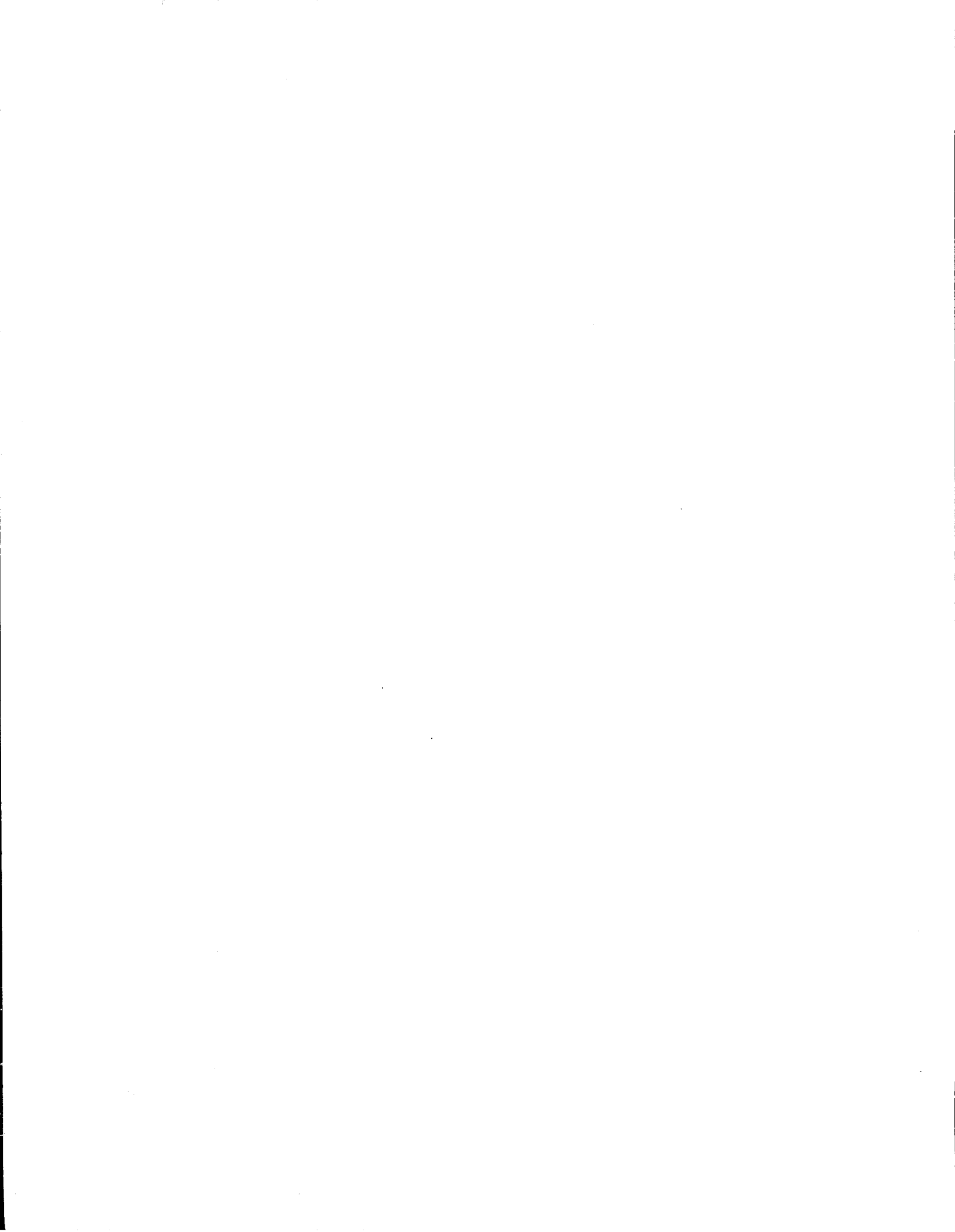
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CR-00057

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Parenting Project "Middle Road Traveler."  
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Societal Violence and Violence in Families.  
CR-00061

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CR-00076

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A Study of Child Abuse and Neglect Among Minority Groups in Pierce County, Washington.  
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Factors Relating to Levels of Child Care Among Families Receiving Public Assistance in New Jersey.  
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Identification of Abuse and Neglect.  
CR-00119

## ABSTRACTS OF PUBLISHED DOCUMENTS

CD-01347

Yale Univ., New Haven, Conn. Yale Child Study Center.

**Parenthood in America.**

Abramovitz, R.

*Journal of Clinical Child Psychology* 5(3):43-46, Winter 1976.

Family structure and parenthood in the United States from colonial times to the present are reviewed and related to socioeconomic changes and technical developments. Until 1775, U.S. society was characterized as a self-sufficient agricultural one, in which people lived in large families within tight-knit communities. Family recreation and work were often combined, and children were expected to participate fully in community life and work. Apprenticeships and indenturing were common. Child-rearing methods were shaped by the Calvinist philosophy, which viewed newborns as inherently sinful and depraved. In the early 19th century, children began to spend more time in school; childhood was more protected and prolonged; women's work shifted its focus to child-rearing; and the tight-knit family and community structure began to break down. By 1940, childhood was established as a prolonged period of life in which children were being prepared for a future in which their upward mobility and economic success would result from hard work and individual competition. Since 1940, the work of the wage earner has often been considered more important than the work of other family members, and wives and children have lost their former productive roles and are only consumers of products manufactured outside the home. 12 references.

CD-01348

Mercy Hospital, Watertown, N.Y. Community Mental Health Center.

**A Brief Overview of Child Abuse.**

Ackley, D. C.

*Social Casework* 58(1):21-24, January 1977.

A brief review of basic child abuse information suitable for use in a training program for nonprofessionals who will work with abusers is presented. One of the most common findings concerning abusive parents is that they were abused as children. Instilled with a feeling of inadequacy from their parents, potential abusers may marry individuals who are unable to provide needed emotional support. Potential abusers will often have children in an attempt to fulfill emotional needs. In most instances the children are incapable of fulfilling these needs and will be viewed by the parent as inadequate. Another common finding is that abusive parents are isolated individuals. A crisis may be an important factor in initiating the abuse. The effect of abuse on the parent is primarily to reinforce the self concept of inadequacy and worthlessness. Some

factors influencing whether the potential abuser does in fact abuse the child are the child's disposition, health, physical appearance, sex, and emotional sensitivity. An emotionally sensitive child may be able to avert physical abuse by reversing roles with the parent when the parent becomes upset. One effect of abuse is that the child expects other people, particularly those who remind him of his parents, to be hostile and critical toward him. Low self-esteem can result from parental labeling of abused children as retarded, bad, selfish, or some other vague but humiliating term. The abused child tends to be a loner with no interest in or knowledge of appropriate peer relationships. Violence plays a large role in the adolescent and adult life of abused children. Physical results of abuse include death, brain damage, retardation, and failure to grow and develop normally. 4 references.

CD-01349

Columbia Univ., Hamilton, N.Y. Dept. of Psychology.

**The Physically Abused Child: A Review.**

Adams, W. V.

*Journal of Pediatric Psychology* 1(2):7-11, Spring 1976.

A review covers the history of child abuse; incidence, including the lack of accurate data; etiology, including demographic variables, personality characteristics of abusing parents, and characteristics of the abused child; and treatment approaches, including hospital programs and Parents Anonymous. 24 references.

CD-01350

Alaska State Office of Child Advocacy, Juneau. Child Abuse, Neglect, and Dependency Task Force.

**Findings of the Child Abuse, Neglect, and Dependency Task Force of the Conference on the Child and the Law.**

Alaska State Office of Child Advocacy, Juneau, 29 pp., October 1974.

Child abuse, neglect, and dependency in Alaska is complicated by the stress which is put upon families involved with the pipeline and the delay in economic benefit from oil production until the pipeline is finished. The needs of abused children and parents are growing while the resources to meet those needs are already inadequate. Further, the Alaska statutes relating to child abuse are frequently vague and inconsistent. The causes and characteristics of abusive families are not different from those elsewhere in the country. Resources for treatment in Alaska are listed in terms of federal, state, municipal (Anchorage), and private administration. The makeup and functions of the Anchorage Child Abuse Board are discussed. Limitations to handling the problem include inadequate caseworker staff, inadequate training of caseworkers in identification and treatment of abusing and neglecting fam-

ilies, an inefficient central registry, inadequate funding for the Anchorage Child Abuse Board, and lack of cooperation among the various agencies. The alternative treatment systems offered by the Extended Family Center in San Francisco, the Boston Center for Children and Parents, Crisis Nurseries, and Parents Anonymous are cited. Recommendations include staffing to provide crisis care after-hours and on weekends, expanding the court's services, state support for private agencies that work with abusive families, provision of a statistician for the central registry, increased staffing to meet the needs, and a thorough revision of state statutes relating to the problem. A statewide network of agency and institutional communications to prevent child abuse should be established, and education aimed at early detection should be offered. A statewide toll-free telephone number available at all times should be provided, and specific changes in regard to the "Proposed Rules of Children Procedure" under consideration by the Supreme Court's Children's Rules Advisory Committee should be adopted.

**CD-01351**

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.

**Residential Family Therapy.**

Alexander, H.; McQuiston, M.; Rodeheffer, M.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 235-250, 1976.

A residential treatment program for abusive families was initiated at the National Center for the Prevention and Treatment of Child Abuse and Neglect in 1974. Circle House in Denver provides 24-hour services to abusive families, who may be in residence for 3 months, followed by 3 months of outpatient treatment. Psychiatric evaluations are made of each patient before admission to determine treatability and appropriateness of treatment choice. Parents are then admitted to a family unit, where they experience individual psychotherapy and marital therapy, activities, scheduled visits with their children, and negotiated child care responsibilities. The abused child usually comes to Circle House from a receiving or foster care home. Before he is admitted, he makes brief visits to the House for developmental assessment, at which time he sees his family and becomes familiar with his new home. After professionals from many disciplines have evaluated the child, a specialist develops an individualized therapeutic stimulation program for him; siblings receive the same type of evaluation. The Child Care Unit provides a nurturing atmosphere in which the child is protected and provided with supportive interactions with adults in a predictable environment. The child undergoes play therapy and therapeutic stimulation sessions designed to promote socialization, develop skills, and correct developmental lags. Meanwhile, the parents are exposed to good child care practices and experimentation with new techniques for managing their children. The most important advantage of the program is being able to keep the family together while

relieving the parents of child-care responsibilities. 9 references.

**CD-01352**

Citizens' Committee for Battered Children, Chicago, Ill.  
**Protecting the Children of Life-Threatening Parents.**

Alexander, J.

*Journal of Clinical Child Psychology* 3(2):53-54, Summer 1974.

Strategies developed by the Citizens' Committee for Battered Children, Chicago, to stop life-threatening behavior against the young are described. In its attempt to develop a plan to end child abuse and neglect in Illinois, medical, legal, public relations, and fund raising committees were formed. The Medical Committee makes recommendations based on its own expertise, consultations with national leaders in the field, the 1973 revised "Optimum Standards and Procedures of the Child Welfare League," and the 2-year study on child abuse by the New York State Assembly. A hot line has been established and 7 hospital trauma centers in Cook County are equipped to receive referrals. At the hospital, the child will be evaluated by an experienced multidisciplinary team, including a Department of Children and Family Services social worker. The Child Advocates Association, a group of 75 volunteer attorneys, will collect evidence and advise the parents. Figures derived from studies at the University of Colorado and the Juvenile Protective Association suggest that 20 to 25 percent of the parents may be psychotic. Emergency foster home placement is available for children and rapid termination of parental rights will be sought by child advocate lawyers, who will also act as guardians ad litem. Attempts will be made to change the attitudes of the remaining parent toward their children through a program based on the Parents Anonymous plan and the provision of homemaker services by senior citizens. The Committee will operate as an independent agency watchdog and will seek to effect corrections of malfunctions in service delivery. Public awareness will be a major effort. Professionals are urged to support and organize programs educating the public to report and fight the problem of child abuse.

**CD-01353**

Center for the Improvement of Child Caring, Los Angeles, Calif.

**On Child Abuse: Values and Analytic Approaches.**

Alvy, K. T.

*Journal of Clinical Child Psychology* 4(1):36-37, Spring 1975.

The way in which a society chooses to deal with its children and their problems is an indicator of society's priorities. In attempting to solve the problem of child abuse and neglect 2 major approaches have evolved. The comprehensive approach attempts to make its values about children as explicit as possible and defines child abuse in a broad sense. This approach encompasses 3 types of abuse: collective abuse, institutional abuse, and individual abuse. The narrow approach does not attempt to make its values about children explicit. It limits its definition to individual

abuse. This type of abuse, which the United States has directed itself toward and which its legislation and various states' legislation encompass, may be too narrow to actually solve the problem. 18 references.

**CD-01354**

Kedren Community Mental Health Center, Los Angeles, Calif.

**Child-Parent Community Mental Health Worker Training Program.**

Alvy, K. T.; Drury, R.; Solomon, B.; Blakley, D.; Holt, H.

Kedren Community Mental Health Center, Los Angeles, Calif., 7 pp., August 1975.

The Child-Parent Community Health Worker Training Program was designed to provide low-income parents with community-based training to enable them to deliver a unique combination of services in child mental health, education, special education, and compensatory education settings. The training program was developed to utilize an untapped pool of low-income community parents who already possess human service skills and who are not being sufficiently utilized for child mental health manpower needs. In recruiting trainees the only criteria used were parental status and previous involvement in community programs. The selection of trainees was performed primarily through group interviews, which were used to identify specific skills related to working with children and their problems, identifying general interpersonal skills useful in any counseling situation, and utilizing techniques which would be appropriate to a group of persons with little formal education. The training components were based on social learning theory and are outlined in detail. The research aspect covers the program initiation phase, trainee selection, training phase, and the follow-up phase.

**CD-01355**

American Humane Association, Denver, Colo. Children's Div.

**Protective -- Preventive Services. Are They Synonymous?**

Denver, Colo., American Humane Association, 23 pp., 1969.

A discussion of protective and preventive services for children is derived from 2 papers delivered at the 95th Annual Forum of the National Conference on Social Welfare held in New York City on May 29, 1969. The primary emphasis is on the difference between protective and preventive services. Child protective services are almost exclusively a public agency priority, consisting of services discharged as the community's responsibility to safeguard a child's welfare when the parents are unable to do so. Preventive services have usually been in the domain of private agencies and differ from protective services in that they are usually obtained by the parent voluntarily before the community has to intervene. They can also be offered to parents who have problems but are still in control. The roles of public and private agencies are outlined, and joint effort is encouraged. In a discussion section, some misconceptions of the definition of protective services are ana-

lyzed. In the past, many thought the concept of child protective services unacceptable because of its authoritative aspects. Enlightenment has come with the knowledge that parents who neglect their children may nevertheless be deeply concerned about them and could be helped. Protective and preventive services are not synonymous, but a good protective service program would prevent the development of family disorganization. Protective services should not be isolated as a separate effort but should include concepts used in preventive services, such as homemaker services and special education. Child protective services are generally geared to operate in a secondary preventive area, responding to the needs of victims of abuse or neglect. The goal is to correct family breakdown and prevent a recurrence of risk conditions in the families treated.

**CD-01356**

American Humane Association, Denver, Colo. Children's Div.

**Teaching Record in Child Protective Services. The Nancy Smith Case. Neglected Child--Unmarried Mother.**

Denver, Colo., American Humane Association, 11 pp., date unknown

An actual case record illustrates the protective service techniques for helping a physically and emotionally neglected child, who was born out of wedlock. The young, deprived mother was unable to maintain a stable family relationship. The caseworker was able to make the circumstances of the case clear to the mother by analyzing the mother's concept of life; as a result, the mother agreed to have her child placed for adoption.

**CD-01357**

American Humane Association, Denver, Colo. Children's Div.

**Teaching Record in Child Protective Services. The Master-son Case. Neglected Children--Constructive Use of the Juvenile Court.**

Denver, Colo., American Humane Association, 30 pp., date unknown

A case record depicting the circumstances surrounding a welfare mother who is unable to care adequately for her teenage sons is presented. Casework combined with effective utilization of community resources is demonstrated. Chronic truancy, inadequate clothing, and inadequate parenting were observed by child protective service representatives. The children's attitudes and actions improved after they were placed on supervisory probation by the juvenile court and provided with psychiatric counseling.

**CD-01358**

North Carolina State Office of the Chief Medical Examiner, Chapel Hill.

**Self-Inflicted Bite Marks in Battered Child Syndrome.**

Anderson, W. R.; Hudson, R. P.

*Forensic Science* 7(1):71-74, January-February 1976.

Correct identification of bite marks is essential in cases of child abuse and neglect. The possibility that the bites may have been inflicted by the child himself must be considered, particularly if they are located on an accessible part of the body. Such a case is presented of a 3-year-old girl who was allegedly found dead. Examination revealed large areas of subgaleal hemorrhage in the posterior scalp and several recent cerebral contusions involving the occipital lobes bilaterally; contusions on the body were consistent with bite marks. A diagnosis of child battering was evident; however, the bite marks more closely matched the child's own teeth impressions than those of an adult. Apparently the child bit her own arms in an attempt to stop crying or because of the intense pain from the battering injuries. 5 references.

**CD-01359**

Washington Univ., St. Louis, Mo. Dept. of Child Psychiatry.

**'It Hurts Me More Than It Hurts You' -- An Approach to Discipline as a Two-Way Process.**

Anthony, E. J.

*Reiss-Davis Clinic Bulletin* pp. 7-22, 1965.

Disciplinary environments and approaches vary greatly. The central issues in discipline involve the goal of punishment, its administration, and the type of punishment used. Corporal punishment has long been the traditional mode of punishment. It has been viewed as either a panacea for discipline or as a major factor in childhood frustrations. The transactions between the parent and the child in a beating take many forms. The effect it has on the child is usually determined in large measure by the parents inner feelings related to the beating. Various types of parent-child interactions involved in beatings are discussed. 16 references.

**CD-01360**

State Univ. of New York, Stony Brook. School of Social Welfare.

**The Rediscovery of Child Abuse: Perspectives on an Emerging Social Priority.**

Antler, S.

Council on Social Work Education 22nd Annual Meeting, Philadelphia, 22 pp., February 29-March 3, 1976.

A historical survey of priorities involved in child abuse illustrates the need for a holistic approach which accepts the necessity of attacking the social, economic, and cultural conditions associated with abuse and neglect. When the problem of child protection came to public attention with the creation of the New York Society for the Prevention of Cruelty to Children in the late 1800's, social work rather than police work became the mainstay of child protection. Humane societies, in addition to protecting children from cruelty, developed and enhanced the conditions of normal family life. Medical recognition of the problem arose in the late 1940's with the unexplained findings of radiologists. Beginning in 1961, with the emergence of the term 'battered child syndrome,' child abuse became a

medical problem. Medical influence upon child protection has had 3 important effects: (1) development of reporting strategies; (2) focus of attention on a disease model of parental physical abuse; and (3) illumination of the extent to which physical abuse crosses economic lines. The emphasis on reporting laws has contributed to an unparalleled sense of urgency, overburdened child protective agencies, and a general sentiment that abusive parents are depraved and vicious. The medical viewpoint of child abuse as a disease often disregards the personality problems of abusive parents, and has ignored the more prominent problem of child neglect. A return to the traditional social work priorities of ameliorating social problems and providing a positive environment for families is urged. 33 references.

**CD-01361**

Texas Univ., Galveston. Child and Family Protective Services Treatment Program.

**The Psychologist as a Client-Centered Case Consultant in Protective Services.**

Appelbaum, A. S.

*Journal of Pediatric Psychology* 1(2):87-90, Spring 1976.

The role of the psychologist in the evaluation of abusing parents and their children is reviewed. In interviews with the parents, the psychologist attempts to assess the total family situation, including the parents' past histories, as these experiences strongly influence current behavior. Separate interviews with each of the parents are often useful, and observations of interaction between parent and child are recommended. The degree of the family's integration into the larger culture is also important. The psychologist is a valuable asset to the team in interviewing and evaluating parents who pose unusually difficult diagnostic or management problems in normal protective care. Diagnostic testing may be indicated in some cases. Awareness of the child's total developmental progress is relevant, because the inflicted injuries alone often represent only a small part of the total damage. The abused child may present any of a number of behavioral patterns, so play interviews are frequently revealing. Hospitalized children usually behave differently from the way they act at home. Little is known of the long-term effects of abuse on the child's behavior, so children should be screened for developmental deviations as part of the initial evaluation. The Denver Developmental Screening Test is useful in this regard. More comprehensive tests are indicated when serious problems exist. When possible, the psychological development of the child should be followed. 17 references.

**CD-01362**

InterAmerica Research Associates, Washington, D.C.

**A National Conference on Child Abuse and Neglect for Selected Agencies Providing Services to Migrant Farmworker Families. Trainer's and Consultant's Curriculum Manual.**

Aranda, R.

Prepared for: Office of Child Development (DHEW), Washington, D.C. and Indian and Migrant Programs Div. (DHEW), Washington, D.C., 126 pp., 1976

A nationwide curriculum designed to train agency personnel to handle cases of child abuse and neglect among migrant farmworkers is structured in outline form. Topics are listed in an agenda, accompanied by teaching modules. The teaching modules are subdivided into standardized units which cover the content, teaching process plus the participants involved, and objectives of the modules. The topics included in the curriculum encompass reviews of the general problem of abuse and neglect, roles and responsibilities of professionals, team approach to case management, use of central registers, treatment modalities, the life-style and circumstances of migrant farmworkers, entry of the client into the service delivery system, technical problems encountered, migrant social service agency models, and state service delivery models. Active considerations of technical problems on state perspectives, service delivery planning, development of recommendations, reporting out, and implementation of reporting plans are introduced. Selected readings and references to the literature are appended to each teaching module.

**CD-01363**

InterAmerica Research Associates, Washington, D.C.  
**Proceedings of a National Conference on Child Abuse and Neglect for Selected Agencies Providing Service to Migrant Farmworker Families.**

Aranda, R.; Bensinaiz, C.; Mendoza, E.

Prepared for: Office of Child Development (DHEW), Washington, D.C. and Indian and Migrant Farmworker Families Div. (DHEW), Washington, D.C., 28 pp., July 1976.

A conference sponsored by the Office of Child Development and the Indian Migrant Programs Division (DHEW) was conducted to provoke the examination of existing services to migrant families, particularly those affected by child abuse or neglect. The workshop involved agencies which deal principally with migrant families. A statement of the problem reviews the migrant farmworker situation, especially as related to child abuse and neglect. A discussion section consisting of edited statements made during the course of the conference covers treatment modalities, programs, and the Texas Migrant Council demonstration project. A lack of literature and training on migrant life-styles was encountered and a national task force on child abuse and neglect in the migrant 'streams' was recommended to promote training for state and voluntary agencies. A specific plan of action is appended. 5 references.

**CD-01364**

Ottawa Univ. (Ontario). Dept. of Psychiatry.  
**Infanticide. Some Medicolegal Considerations.**

Arboleda-Florez, J.

*Canadian Psychiatric Association Journal* 20(1):55-60, February 1975.

Infanticide in Canada is treated legally as a separate entity from other homicides; Section 216 of the Criminal Code of Canada covers child murders which occur during post-

partum psychosis. Review of the literature on post-partum psychosis, however, indicates that not every case of infanticide is the result of birth-related mental illness. The arbitrary definition of newborn as 1 year old or less is discriminatory as is the offense of infanticide because post-partum psychosis is just as likely to last 13 months as 12 months. The symptoms of this psychosis are normally not difficult to determine and could easily be defended in court under the general insanity provisions. Neonaticide, defined as the murder of a child within 24 hours of his birth, is usually carried out because the child is not wanted, and there is generally little evidence on medical-psychiatric grounds to exonerate the mother. For these reasons Section 216 should be abolished and cases of infanticide should be left up to Section 16 of the Criminal Code which provides for an insanity defense. 24 references.

**CD-01365**

Bar Association of the District of Columbia, Washington, D.C.; Georgetown Univ., Washington, D.C. Juvenile Justice Clinic.

**Representing Juveniles in Neglect, PINS and Delinquency Cases in the District of Columbia.**

Arean, J. C.; Mlyniec, W. J.; Seasonwein, R. G.

Bar Association of the District of Columbia, Washington, D.C., 132 pp., 1975.

A manual designed to guide counsel representing the interests of juveniles before the Family Division of the D.C. Superior Court includes a section on neglected children. A guide to each stage of the proceedings includes a description of the authority for suggested actions by counsel. One section is designed to aid counsel in fashioning the disposition that will truly promote the best interests of the child. A directory of key offices to aid counsel in preparing alternative dispositions is included. The manual has separate chapters on neglect, persons in need of supervision (PINS), delinquency, interstate compact, and dispositional treatment standards. Numerous case and statute references.

**CD-01366**

Arizona Community Development for Abuse and Neglect (ACDAN), Phoenix.

**Arizona Community Development for Abuse and Neglect: Advisory Committee Guide-Speakers Handbook.**

Arizona Community Development for Abuse and Neglect, Phoenix, 55 pp., 1976.

A handbook for the use of advisory committee members and members of the speakers bureau of the Arizona Community Development for Abuse and Neglect (ACDAN) provides background information on selected aspects of the problem of child abuse and neglect. Historical and cultural factors in the occurrence of child abuse and neglect are reviewed. Characteristics of abusive and neglecting parents are compared, and the effects of maltreatment upon the child are reviewed, including injury patterns. Guidelines for counseling the abusive parent encour-

age a nonjudgmental, caring attitude with sensitivity to the feelings of both the parents and the counselor. The Arizona law relating to child abuse and neglect is presented, along with supplemental materials including a narrative summary of ACDAN activities from October, 1975 to October, 1976.

**CD-01367**

Arizona Community Development for Abuse and Neglect, Phoenix.

**Training Package. Child Maltreatment and the Educator: What Can Be Done?**

Arizona Community Development for Abuse and Neglect, Phoenix, 47 pp., 1977.

Specific issues for teachers in the area of child abuse and neglect are addressed, including the natural responsibilities that exist between educator and child and the possibility that the educator becomes a psychological parent. Discipline and punishment are differentiated, and positive parenting behaviors and negative family styles and behaviors are described. Specific attitudinal warning signs demonstrated by dysfunctional families are discussed, and particular risk patterns for situations involving physical maltreatment are described. Other sections deal with the kind of people who mistreat children, special behavior patterns observed in maltreated children, to whom to turn for help, what child placement is, and what the educator can do.

**CD-01368**

Berkeley Planning Associates, Berkeley, Calif.

**How Can We Avoid Burnout?**

Armstrong, K. L.

2nd National Conference on Child Abuse and Neglect, Houston, Tex., 21 pp., April 17-20, 1977.

The question of professional burnout (cynicism, apathy, alienation, poor performance) among social workers is discussed in light of information gained from a study of 11 demonstration projects and 162 protective service workers. Symptoms include such characteristics as high resistance to going to work, somatic symptoms, postponing client appointments, stereotyping clients, inability to concentrate on the client during interviews, and intolerance of the clients' anger. Personal characteristics which also give important clues about burnout include general disposition, education level (which can lead to job dissatisfaction), and job interests. Much burnout can be effectively dealt with by examining the ways in which projects or agencies are managed or organized. Satisfaction tends to increase with realistic goals; clearly understood goals; clearly understood policies and clarity of work roles; effective supervision; moderate agency constraints and controls; stable and secure work environments; and adequate and effective communication within the agency. A human resource model of management theory is needed to deal with management processes. In this role, the director or leadership structure of the agency becomes an integrator of organizational characteristics and personnel qualities to do the task

of serving clients. Further organizational structure should be more compatible with the task of delivering human services.

**CD-01369**

Berkeley Planning Associates, Calif.

**Evaluation Summary: Extended Family Center 1973-1975.**

Armstrong, K. L.; Cohn, A. H.; Collignon, F. C.

Berkeley Planning Associates, Calif. 29 pp., undated.

The final evaluation of San Francisco's Extended Family Center (EFC) is reported. The study components of the evaluation included assessing the impact of the Center's services on its clients; assessing the extent to which the Center accomplished its goals; determining the costs of different Center activities; and describing how the Center operated. The findings of these study components are reported in a series of 7 quarterly reports, which are indexed in Appendix A. Evaluation findings included: improvements in certain aspects of family functioning, such as self-image, awareness of child development, and ability to express anger; little difference in terms of recidance between the EFC and other treatment programs; difficulty on the part of families adjusting to termination of services, because of dependence on Center support; and avoidance of stigmatizing clients. The psychological and emotional vulnerability of the staff in treating abusive families in a comprehensive program are noted. Gradual termination of services is suggested to maintain the benefits of treatment.

**CD-01370**

Army Headquarters, Washington, D.C.

**Army Child Advocacy Program (ACAP).**

Army Headquarters, Washington, D.C., AR 600-48, 11 pp., November 26, 1975.

Army Regulation No. 600-48 prescribes policy and procedures for establishing and implementing the Army Child Advocacy Program (ACAP). The objectives of ACAP are to (1) develop a community-based program to monitor and coordinate all programs and services impacting on children's growth and development; (2) identify, use, and strengthen existing community resources to enhance the welfare of children; (3) prevent and control child maltreatment by educating all personnel, and particularly personnel who provide health and welfare services to military families in the command, to recognize the causes and consequences of child maltreatment; and (4) identify, report, and manage cases of child maltreatment among Army families. Concepts and terms applicable to the regulation are explained and staff responsibilities and service eligibility requirements are outlined. Procedures for installation of ACAP are outlined, including the establishment of a Child Protection and Case Management Team (the group primarily responsible for identification of problem families) and protection and treatment of the maltreated child and his family. General policies concerned with identification, treatment, and disposition of cases of maltreatment are also briefly enumerated.

**CD-01371****Child Abuse Reporting Project.**

Baade, R. A.

Prepared for: Colorado State Department of Social Services, Denver, Office of Public Information, 20 pp., June 1976.

The attitudes of Pueblo County, Colorado, residents regarding reporting cases of child abuse and neglect were studied to determine the reasons why people do not report child abuse and neglect. Data were collected by means of questionnaire interviews of 200 residents of Pueblo County. Most respondents were aware of child abuse as a social problem; however, knowledge about agencies in the community to whom one could report was confused. The findings indicated that the police would be called first in a reporting situation, regardless of sex, race, educational level, or economic status of the reporter. Findings related to media usage suggested that a public awareness campaign should start with the newspapers. Treatment facilities and services should be developed, however, before any public awareness efforts are undertaken. 18 references.

**CD-01372**

California State Dept. of Corrections, Sacramento.

**Habitual Violence: A Profile of 62 Men.**

Bach-y-Rita, G.; Veno, A.

*American Journal of Psychiatry* 131(9):1015-1017, September 1974.

Life histories and clinical variables were studied in a group of 62 habitually violent patient-inmates selected by prison officials for their unacceptably violent behavior. Four personality type subgroups were identified: the very self-destructive, anxious, demanding, and irritable; quiet and withdrawn with subtle delusional systems; a group similar to the first but not bearing the scars of self-destruction; and a group free of psychopathology who were not self-destructive. The self-destructive patients were either impulsive, stimulus-seeking children who frequently set fires, or they were themselves subject to violence or deprivation during childhood, resulting in concussions, injuries, probable neurological damage, and behavior disorders. A high incidence of spontaneous loss of consciousness, seizures, and concussions during childhood in this group of patients, who were also prone to hallucinations, suggests a strong correlation between neurological impairment and early injury or deprivation. Increased attention must be given to the behavior of environmentally deprived children, especially those exhibiting stimulus-seeking behavior. 13 references.

**CD-01373****Psychosocial Dwarfism: A Case Study of Neglect and Reversibility.**

Bachara, G. H.; Lamb, W. R.

*Journal of Pediatric Psychology* 1(2):23-24, Spring 1976.

A case of psychosocial dwarfism in a neglected 18-month-old boy is presented. The child was initially referred because of head-banging, withdrawal, lack of language, and other abnormal characteristics. History revealed that the mother had been incarcerated for child neglect and was of dull normal intelligence, had a history of epilepsy, and had been the victim of child abuse. After 2 weeks of foster home care, play therapy, and intense therapeutic relationship, he still demonstrated extreme withdrawal, although some behavioral changes were noted. After 5 months in the new environment, he was interacting with other children, began displaying emotions, and was not withdrawn. He was more relaxed when dealing with adults and was beginning to display language development. When last evaluated, at 3 years 6 months, he was functioning at normal developmental, motor, and intellectual levels. The importance of a warm, stimulating foster home for neglected children is stressed. 1 reference.

**CD-01374**

Sri Venkateswara Univ., Tirupati (India), Dept. of Pediatrics.

**The Battered-Child Syndrome.**

Bai, K. I.; Rao, K.V.S.; Subramanyam, M.V.G.

*Clinician* 37(5):199-203, May 1973.

Two cases of the battered child syndrome are reported. A 1-year-old boy presented with a history of trauma to the head. His 4-year-old sister had been extremely jealous of him since his birth and had inflicted repeated injuries on him. The skull x-ray revealed a depressed fracture of the skull in the frontoparietal area. A 1.5-year-old girl was brought to the hospital because of swelling over the right clavicle of 2 months duration. Examination revealed malnutrition and a firm, nontender swelling over the right clavicle. X-ray examination confirmed the clinical diagnosis of fracture of the right clavicle with callus formation. The history revealed that the patient's father was married simultaneously to a pair of sisters, the younger of whom he had married first and by whom he had two children. The elder sister was added to the family triangle later, and she bore him one daughter, the patient. The sisters constantly fought, and finally the younger drove the elder from the home. The child remained with the father and was abused by his first wife. The clinical and psychological characteristics of child abuse and its management are briefly reviewed. 8 references.

**CD-01375**

York Univ., Toronto (Ontario), Dept. of Psychology.

**Child Abuse: A Bibliography.**

Bakan, D.; Eisner, M.; Needham, H. G.

Toronto, Canadian Council on Children and Youth, 89 pp., 1976.

A bibliography on child abuse is arranged in 3 sections. The first section is a narrative overview of the history of child abuse and its recognition as a social problem, the symptoms and diagnosis of child abuse, the effects of



abuse on the child, etiology, management, and legal intervention. The second section is an alphabetical listing by author, in reference form, of published books and articles relating to child abuse. The final section is a subject index. Entries in the final section that are likely to be useful to the person who is unfamiliar with the subject are labeled with an asterisk.

**CD-01376**

Oxford Univ. (England). Unit of Clinical Epidemiology.  
**Epidemiology and Family Characteristics of Severely-Abused Children.**

Baldwin, J. A.; Oliver, J. E.

*British Journal of Preventive and Social Medicine* 29(4):205-221, 1975.

Severe child abuse in northeast Wiltshire, England from 1965-1971 was studied retrospectively and prospectively for 18 months from January 1972, after a period of consultative activity with those actively involved to increase awareness of the phenomenon. Criteria for inclusion in the study required that the child must have been under 5 years of age and must have been injured in one of the following ways: (1) prolonged assault resulting in death; (2) skull or facial bone fractures; (3) bleeding into or around the brain; (4) two or more instances of mutilation requiring medical attention; (5) three or more separate instances of fracture or severe bruising; and (6) multiple fractures or severe internal injuries. Thirty-eight children from 34 families were ascertained as having been assaulted during the study period. A further 22 children were ascertained as meeting the same criteria in the period January 1972-June 1973. A rate of 1 per thousand under 4 years of age was obtained together with a death rate of 0.1 per thousand. The families of the retrospective series of abused children were studied in detail, and identifying characteristics of large family size, young parents, low social class, instability, and gross psychiatric, medical, and social pathology are described. The implications of the findings are discussed in relation to data from other studies; detailed studies of the apparent clustering of disorder in the families, using linked record systems, are urged. 53 references.

**CD-01377**

Family Service of Detroit and Wayne County, Mich.  
**Issues of Violence in Family Casework.**

Ball, M.

*Social Casework* 58(1):3-12, January 1977.

Typical adult clients of the Family Service of Detroit and Wayne County's program to control violence and child abuse within the family are described, to illustrate the demands this type of case makes upon the agency. Issues of violence and methods family caseworkers used to deal with them in 4 different situations are presented. Violence was a concern in a sample of 109 cases, representing 7 percent of the total agency caseload from December 1975 to February 1976. A table showing categories of persons involved in violent behavior or potential for violence in

the sample indicates that the majority of victims (54 percent) were female adults and the majority of assailants (79 percent) were male adults. Children accounted for 32 percent of the 120 victims and 9 percent of the 116 assailants. The income of the violence victims was low; 30 percent received some public assistance income. Violence victims were essentially the same in identifying characteristics as all other clients, except that they more often approached the agency on their own and received more services. Psychosocial and historical factors implicated in the violence cases are discussed, along with methods of intervention directed at the feelings and conditions which seem to contribute to development of violence.

**CD-01378**

Pennsylvania-Presbyterian Medical Center, Philadelphia.  
**Outreach Supportive Services.**

**Reaching Out to the Community -- Unique Program Prevents Child Abuse and Neglect.**

Ballard, C.

*Pediatric Nursing* 1(5):31-33, September-October 1975.

Outreach Supportive Services is a formal program established at the Presbyterian-University of Pennsylvania Medical Center, which seeks to promote positive attitudes and skills among parents in order to prevent recurring child abuse or neglect. Of the 400 children and 105 families participating in the program between 1971-1974, only 8 children in 3 homes had to be placed in foster homes. Coordinated by a nurse and operated under the auspices of the social services department, the Outreach team is comprised of a pediatric social worker, pediatrician, psychiatric consultant, and 2 pediatric nurse practitioners. In addition, the team includes family health workers. The 3 family health workers are local residents who bring services and guidance into their neighbors' homes. Outreach attempts to spot high-risk families and bring them into the program to prevent child abuse and neglect. Hospitalization of a child provides the opportunity for the pediatric social worker to assess the parents' existing child management techniques, and to determine whether Outreach should provide follow-up care. Once objectionable behavior patterns are noted, the family health worker is called in to determine what antecedent factors are prompting the behavior. The team then plots out major behavior concerns on Goal Attainment Scales and the family health workers make frequent visits to the home, encouraging the modification of unhealthy behaviors. The long-range costs of preservation of the home are much cheaper than maintaining a child in foster care.

**CD-01379**

Manchester Univ. (England). Dept. of Community Pediatrics.

**Medical Diagnosis in Non-Accidental Injury of Children.**

Bamford, F. N.

In: Borland, M. (Editor). *Violence in the Family*. Atlantic Highlands, N.J., Humanities Press, Inc., pp. 50-60, 1976.

A review covers the presenting complaints, medical history, and injuries commonly encountered in nonaccidental trauma in children. Head injuries; bone injuries, including multiple fractures, bone-end injuries, and periosteal reaction; soft-tissue injuries, including abrasions, bruises, and mouth injuries; burns; and abdominal and chest injuries are described in detail. The importance of correctly distinguishing abuse from the considerable number of diseases that can simulate nonaccidental injury is stressed. 7 references.

**CD-01380**

Kern County ept. of Welfare, Bakersfield, Calif.  
**Leaderless Support Groups in Child Protective Services.**  
 Bandoli, L. R.  
*Social Work* 22(2):150-151, March 1977.

The use of leaderless support groups is discussed as a means of countering the high turnover in protective services personnel resulting from emotional exhaustion. The experience of such a group in California is briefly described. Group meetings were voluntary, and the supervisor participated as a regular member, not as the leader. The purpose of the group did not evolve quickly, and the group frequently strayed from the goal of support. Trust soon developed, however, and the group spent most of its time on the problem-solving process, dealing primarily with the individual problems of group members, but also with difficulties concerning the functioning of the group as a unit. Members were dependent on one another for needed support. This technique can be invaluable as an aid to the supervisor with the task of sustaining protective service personnel. A mature, motivated group and a clearly defined goal are important components for success.

**CD-01381**

Children's Hospital of Philadelphia, Pa.  
**Malidentification of Mother-Baby-Father Relationships Expressed in Infant Failure to Thrive.**  
 Barbero, G. J.; Morris, M. G.; Reford, M. T.  
 In: *The Neglected Battered-Child Syndrome: Role Reversal in Parents*. New York, Child Welfare League of America, Inc., pp. 13-25, 1963.

Babies with failure-to-thrive syndrome present intricate diagnostic problems physiologically, socially, and psychologically. Their symptoms resemble those of the anaclitic depression syndrome. Interpersonal relationships and communication between professionals, who are members of the treatment team, and the parents during diagnostic investigation are helpful for diagnosis, and for intervening in parent-child malidentification crises. The use of the team approach in well-baby clinics may provide a primary preventive tool and enable the establishment of positive parent self-images and appropriate parent-child identification. 24 references.

**CD-01382**

Cornell Univ., Ithaca, N.Y. Family Life Development Center.  
**Adjournment in Contemplation of Dismissal: A Legal Mechanism for Accountability.**  
 Bard, E. R.  
*Juvenile Justice* pp. 11-14, August 1976.

Adjournment in contemplation of dismissal provides a mechanism which avoids labeling parents as abusive and yet provides protection for the children, help for the family, and a system for assigning responsibilities in the case. Case adjournment, which is requested by the petitioner, must include certain specifications for case handling and must be with the consent of the respondent and the child's lawyer. In tracing the various sections of the law, the parents' responsibilities, the child protective agency's responsibilities, and the court's responsibility are detailed. The conditions of adjournment and final dismissal, and the role of the child's attorney are also discussed. 2 references.

**CD-01383**

Criminal Justice Associates, Inc.  
**The Function of the Police in Crisis Intervention and Conflict Management. A Training Guide.**  
 Bard, M.  
 Prepared for: National Inst. of Law Enforcement and Criminal Justice (Justice), Washington, D.C., 307 pp., 1975.

This handbook for training law enforcement officers in crisis intervention and conflict management presents techniques to help police handle family conflicts safely, without the use of force or arrest. Homicides, serious assaults, and child abuse are often the results of family disputes, and because the police are usually the first outsiders called in family conflict situations, they are, if properly trained, in a unique position to defuse family fights before violence gets out of control. Individual sections in the training manual deal with organization of a field training program; development of administrative forms and procedures; crisis intervention; interpersonal conflict management; the family; intervention methods; and the referral network. An extensive, partially annotated bibliography is included. The appendices contain several family disturbance skits and a reprint of the Public Affairs Committee's pamphlet "To Combat Child Abuse and Neglect."

**CD-01384**

Kansas Univ., Kansas City. Dept. of Nursing Education.  
**Psychosocial Failure to Thrive.**  
 Barnard, M. U.; Wolf, L.  
*Nursing Clinics of North America* 8(3):557-565, September 1973.

The role of the nurse clinician or practitioner in the initiation and support of each intervention in the failure-to-thrive syndrome (psychosocial) in infants is discussed. Characteristics of this syndrome include (1) less than ap-

appropriate weight gain; (2) retarded base development; (3) developmental lags; and (4) decreased muscle tone. An assessment instrument is presented for this syndrome which considers the following variables: natal history, family social history, eating patterns, elimination patterns, sleep patterns, growth, and development. A thorough physical assessment should also be conducted by an expert nurse or by a physician. Current information on the psychosocial failure to thrive syndrome indicates that it is reversible with early detection and intervention. Utilizing data from the assessment, a problem list and plans for each problem are developed, the nurse assisting the family in reaching mutually agreed-upon goals for the maximum health and well-being of the infant. Areas for nursing intervention with regard to natal history, basic needs, developmental needs, and family needs are detailed. 10 references.

**CD-01385**

University of Southern Mississippi, Hattiesburg. School of Health, Physical Education, and Recreation.

**Who Are Wednesday's Children?**

Barnes, S. E.; Fors, S. W.

*Journal of School Health* 46(1):37-39, January 1976.

The contribution of the educational system to neglect and abuse of children is discussed, and efforts to prevent its occurrence are considered. The educational system has an important part to play in developing a sufficient awareness of physical and mental health. Reasons why students in school in the U.S. have been allowed to grow up in ignorance about their own health and well-being are explored, and the drawbacks of combining physical and health education are analyzed. When students are neglected and abused through ineffective health education, the direction of the programs must be removed from instructors who prove to be inadequate or disinterested. Some ideas for the improvement of health education include (1) separation of health education from physical education and other subject areas; (2) separate certification for teachers of health education and physical education; (3) limiting the teaching of health education to specialized health educators; (4) employment of elementary school health education specialists to maintain quality programs at this level; (5) development of in-service education programs to educate school administrators about what a quality health education curriculum entails; (6) requirement of a minimum of 18 to 24 semester hours of specified health education courses for certification to teach; (7) development of a health education major; and (8) the awarding of graduate degrees only in specific areas, not combined physical and health areas. 8 references.

**CD-01386**

Hunter Coll., New York, N.Y. Dept. of Special Education.

**The Abuse and Neglect of Handicapped Children by Professionals and Parents.**

Barowsky, E. I.

*Journal of Pediatric Psychology* 1(2):44-46, Spring 1976.

Passive means of abuse and neglect perpetrated by professionals and parents on handicapped children are discussed. The lack of appropriate concern, attention, and immediate referral of a handicapped child by the pediatrician at the first visit is one form of professional neglect. Outright refusals to make appropriate referrals often result in unnecessary delays in securing necessary services. Over-prescription of psychotropic drugs for behavioral control is another form of professional abuse, and these drugs are sometimes prescribed without having observed the patient. Ritalin is often inappropriately employed as the sole therapeutic intervention and not as an adjunct for minimal brain damage in children. The use of technical skills, e.g., behavior modification, by untrained personnel can often produce deleterious effects. Child neglect is also exemplified by the encouragement by professionals of experimental treatment programs to the total exclusion of more proven methods, with the failure to make all possible alternatives available. The person who unquestionably advocates placement of all handicapped children in nonhandicapped educational facilities is also practicing abuse. Failure of parents to comply with necessary medical intervention constitutes an easily recognized form of neglect. Greater responsibility rests with the professional than with the parents of handicapped children in preventing abuse. 3 references.

**CD-01387**

Berkeley Planning Associates, Calif.

**Full Cost Analysis: Findings to Date. Evaluation, National Demonstration in Child Abuse and Neglect.**

Barrett, L.; Froland, C.; Cohn, A. H.; Collignon, F. C.

Prepared for: Health Resources Administration (DHEW), Rockville, Md. National Center for Health Services Research, 49 pp., November 1976.

One component of an evaluation of the joint OCD-SRS National Demonstration in Child Abuse and Neglect is the cost analysis. The purposes of the analysis were to (1) determine the efficiency and economies of scale within the 11 demonstration projects; (2) determine the costs of pursuing different generic activities in the child abuse and neglect field and unit costs of related services; (3) develop information necessary for cost-effectiveness determination of alternative service strategies for abuse victims; (4) determine resource increases in the projects; and (5) provide cost control and management information to the projects and their sponsoring agencies. A system for collecting and analyzing project expense information was established, which focused principally on descriptive analyses of the project's resource allocation. Highlights of program trends and indicators of project performance ranked in order of significance are presented and tabulated. In general, the average expenditure increased 20 percent between October 1975 and April 1976. The average program hours expended remained stable, resulting in an increased cost per hour. Comparative tables which illustrate unit cost trends are appended, and selected comparisons are briefly explained. Comparisons of the project economies were analyzed via simple contingency tables for cost per unit and service per

volume. An index of relative cost efficiency of the projects and factors associated are briefly described and are also presented in tabular form.

**CD-01388****Health Based Programs in Child Abuse and Neglect.**

Bates, T.; Elmer, E.; Delaney, J.

In: Fifth National Symposium on Child Abuse. Denver, Colo., American Humane Association, pp. 32-37, 1976.

A study of 9 multidisciplinary health-based programs by the American Academy of Pediatrics found that there were few regularly functioning, health-based, multidisciplinary child abuse and neglect treatment programs and that no program knew how many other programs existed or where they were located. While all programs in the study had multidisciplinary teams which met regularly, some programs sponsored mini-teams which traveled to other hospitals or communities. Rarely did child abuse occupy 100 percent of the team's time. Most programs were modeled after the teams described by Helfer and Kempe. Programs were selected for geographic, demographic, and methodologic diversity. Information was collected through on-site visits and questionnaires. Descriptions of data on personnel characteristics, treatment approaches, referral sources, institutional setting, available services, program costs, available resources, and the methodology used are presented. 6 references.

**CD-01389**

Home Counties Forensic Science Laboratory, Reading (England).

**The Immunological Identification of Foetal Haemoglobin in Bloodstains in Infanticide and Associated Crimes.**

Baxter, S. J.; Rees, B.

*Medicine, Science, and the Law* 14(3):163-167, July 1974.

In cases of infanticide and illegal abortion, the demonstration of fetal hemoglobin (HbF) in bloodstains can be of great significance as high levels of this protein are usually found in children under the age of 6 months. The sensitivity of anti-HbF and of anti-human hemoglobin (anti Hb) reagents were tested in dilutions of cord and adult blood samples. Undiluted anti HbF produced very strong precipitin lines with cord blood at dilutions up to 1:6400, while reactions were not observed in adult blood samples at dilutions greater than 1:100. A 1:4 dilution of anti HbF produced similar results. A blind survey of stains made from 38 separate cord blood samples established that this reagent, when used in conjunction with anti Hb, can successfully differentiate cord blood stains from those of adult blood. The advantage of this method is that small and contaminated samples can be used. Such sensitivity is needed since in many cases the only evidence will be light smears on clothing or bedding. 6 references.

**CD-01390****Reflections on Child Advocacy.**

Bazelon, D.

In: Westman, J. C. (Editor). Proceedings of the University of Wisconsin Conference on Child Advocacy. Wisconsin Univ., Madison, Extension Health Sciences Unit, pp. 226-239, 1976.

The concept of child advocacy is discussed with respect to the family, educational institutions, and the role of the courts in the decision-making process as it relates to children. Child advocacy, as the effort to promote healthy child development, must have as its starting point strengthening the family. Families should have the right to a guaranteed income if they are to be successful in rearing children. The role of the schools should be expanded to provide for integrated services to children. Such an expanded educational system would be capable of dealing with all the needs of children and would provide such services as genetic counseling, prenatal care, nutritional instruction, and education in parenting. The proper role of the courts is in monitoring the decision-making process at the administrative level. The process of judicial review should be adapted to proceedings challenging the propriety of decisions by hospitals, schools, welfare agencies, prisons, and other institutions whose decisions affect children. The essential purpose of judicial review is to ensure accountability of agencies, administrators, and professionals.

**CD-01391****Abortion: The Mental Health Consequences of Unwantedness.**

Beck, M. B.

*Seminars in Psychiatry* 2(3):263-274, August 1970.

A survey of studies concerned with the relationship between abortion, unwanted children, and later mental health consequences reveals possible links between unwantedness and schizophrenia, unwantedness and child abuse, and characteristics of mothers who do not have a healthy attitude about pregnancy. A study of 120 children born after their mothers were denied legal abortions during pregnancy compared the children with a control group from the same hospitals. Sixty percent of the unwanted and 28 percent of the control children were considered to have had an insecure childhood. The unwanted children were more often in psychiatric services and were registered for antisocial and criminal conduct, and received public assistance more often than the control subjects. In a study of 662 cases of child abuse, 72 percent of the injuries were perpetrated by the parents. Several studies have concluded that the child who is subjected to violence in his early years shows considerable evidence of a predilection towards violence himself. Evaluation of the psychiatric status of the parents of schizophrenic children indicates strong evidence of parental deviance in most cases. Most literature on abortion in the U. S. consists of conjecture. There appears to be no positive relationship between a woman's biological capacity to conceive and her ability to meet the child's physical and psychological needs. The history of U. S. abortion laws and the various controversies involved are briefly covered. 39 references.

**CD-01392**

Health Services and Mental Health Administration (DHEW), Rockville, Md. National Center for Family Planning Services.

**The Destiny of the Unwanted Child: The Issue of Compulsory Pregnancy.**

Beck, M. B.

In: Reiterman, C. (Editor). *Abortion and the Unwanted Child*. New York, Springer Publishing Co., Inc., pp. 59-71, 1971.

The fate of the child born against the wishes of his mother, father, or both is discussed. The consequences of unwanted pregnancy for the pregnant woman, the father, and others related to them have been studied, but research is needed on the outcome of compulsory pregnancy on the child. Compulsory pregnancy is defined as a pregnancy which for any reason is unequivocally unwanted by the pregnant woman, but which she is compelled by external circumstances to carry to term. Characteristics of the unwanted child include (1) he has biological parents only; (2) he is abandoned; and (3) he is neglected or abused in the sense that if the child were brought to the attention of the courts, there would ensue a legal finding of neglect or abuse. Background information on the fate of unwanted children throughout recorded history is reviewed; they have been dealt with differently from one period to another in such ways as abandonment to foundling homes or infanticide. Laws legalizing abortion were passed in the U.S. in 1966, but there are far more legitimate requests for abortion than current facilities can handle. Follow-up of women denied abortion is recommended to determine the outcome on the child. The elimination of compulsory pregnancy could help reduce child abuse and help people to conceive and bear only children who are wanted. 14 references.

**CD-01393**

Oregon Univ., Eugene. Dept. of Special Education.  
**Parents Are Teachers: A Child Management Program.**  
Becker, W. C.  
Champaign, Ill., Research Press, 194 pp., 1971.

Based on behavioral teaching methods, a program of 10 units shows parents how to use consequences to teach children in positive ways what they need to learn to become effective individuals. A set of exercises follows each unit. An accompanying Guide for Group Leaders contains suggestions for conducting each of the 10 sessions, as well as possible topics for discussion.

**CD-01394**

National Center for Prevention and Treatment of Child Abuse and Neglect, Denver.  
**Comprehensive Family Oriented Therapy.**  
Beezley, P.; Martin, H. P.; Alexander, H.  
In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community*. Cambridge, Mass., Ballinger Publishing Co., pp. 169-194, 1976.

The treatment of abused children, their parents, and their families is discussed. Therapy for the abusing parents is different from the usual psychiatric therapy in several respects: more than one person is involved in the treatment process; more outreach is required; treatment is necessary for a longer period of time than is currently being done in most mental health clinics and child welfare departments; and "doing-with experiences" are needed to enhance parental self-esteem. Available treatments include casework services, individual psychotherapy, marital treatment, lay therapy (parent-aides), group psychotherapy, Parents Anonymous, and crisis nurseries. Three treatment needs of the abused child are discussed: medical treatment, the treatment of developmental and psychological problems, and the establishment of an adequate home environment. A group setting such as a therapeutic preschool provides a situation for achieving several goals of treatment: respite for child and parent, developmental stimulation, remediation of developmental lags and deficits, socialization, and help with personality traits. Ingredients for good parenting include the ability of the parents to find joy in themselves, to see the child as an individual, to enjoy the child, to have expectations of the child appropriate to his age, to allow emotional rewards for the child from people outside the family, and to be comfortable about expressing positive affects to the child. A consistent and coherent examination of the total family must be a part of the therapeutic efforts in cases of child abuse. The discussion of therapy for family interactions considers separation and parent-child visits, home visits, parent education and modeling behavior, and family therapy in the context of family interaction. The need for coordination of therapeutic efforts with an emphasis on family interaction is stressed. The family must always be considered as a unit.

**CD-01395**

Colorado Univ., Denver. Dept. of Pediatrics.  
**Psychotherapy.**  
Beezley, P.; Martin, H. P.; Kempe, R. S.  
In: Martin H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 201-214, 1976.

The characteristics of 12 physically abused children between 3.8 and 8 years of age who were given psychotherapy are described, therapeutic issues are explored, and some results of the psychotherapy are enumerated. The children were given cognitive, speech-language, and neurologic testing before and after completing 12-15 months of psychotherapy; all were seen once or twice a week for 50-minute-long play therapy sessions by either a child psychiatrist, a developmental pediatrician, a clinical psychologist, or a psychiatric social worker. The children tested fairly normal with respect to intelligence, receptive language, and psycholinguistic age; only 1 child had significant neurologic problems. Among the traits seen in the children were mistrust, need for nurturance, regression, inappropriate object relations, impaired capacity for pleasure, negative self-concept and self-esteem, rigid and punitive.

tive consciences, anxiety and fears, aggressive impulses expressed in play and thought disorders. Many of the children had been exploited for nongenital sexual gratification by their parents. Children who remained in therapy for a year generally displayed increased ability to trust adults, delay gratification, and verbalize feelings, as well as increased self-esteem and increased capacity for pleasure. Psychotherapeutic options for these children such as day care, group therapy, and the use of nonprofessional therapists are considered. 11 references.

**CD-01396**

Behavior Associates, Tucson, Ariz.

**Parents Anonymous Self-Help for Child Abusing Parents Project. Evaluation Report for Period May 1, 1974-April 30, 1976.**

Prepared for: Parents Anonymous National Office, Redondo Beach, Calif., 152 pp., 1976.

Program evaluation findings for the first 2 years of the Parents Anonymous (P.A.) Self-Help for Child Abusing Parents project are reported. Primary emphasis is on the period from May 1975, through April 1976, the second year of the 2-year period. The major purposes of the second-year evaluation were to document accomplishment of program goals, to collect descriptive information about personnel, to analyze processes in chapter functioning, and to measure the impact of the program on the members. After a description of evaluation methodology, program achievements are described in terms of development, dissemination, and evaluation of materials; delivery of technical assistance to communities; and the formation of new chapters. Program and service strategies are analyzed from the point of view of chapter functioning and leadership and the role and activities of the regional coordinator. The impact of the program on members is examined from several aspects: changes in members while in the program, the members' evaluation of the program, and the evaluation by the chapter leaders. A composite profile of the P.A. member is described. A final section deals with responses of members to a variety of questions relating to child abuse. The appendix lists P.A. officers, the Board of Trustees, the Advisory Council, and the Regional Coordinators.

**CD-01397**

Walker Home and School, Needham, Mass.

**Self-Chosen Victims: Scapegoating Behavior Sequential to Battering.**

Bender, B.

*Child Welfare* 55(6):417-422, June 1976.

Two cases of masochistic, scapegoating behavior occurring as a result of parental maltreatment are discussed. Both boys, one 8 years old, the other 10 years old, had a compulsive need to provoke punishment from everyone they came in contact with, both peers and adults. Aggression against the child apparently caused the child to identify with the aggressor and thus begin to develop a

rudimentary superego; at the same time the neglect of the child's needs by the parent, in addition to the pain inflicted, fills the child with aggression against the battering parent. This inevitably leads to a strong sense of guilt which transforms and directs the aggression inward toward the self, thus contributing to the pervasive sense of inferiority, low self-esteem, and a confused sexual identity. The boys' guilt about their anger toward their parents was easily observed during counseling and play. Intensive group and casework treatment eventually developed a degree of trust in the 2 boys and an encouraging diminution of their compulsive scapegoating behavior, without removing the children from their homes. 5 references.

**CD-01398**

Odyssey House, New York, N.Y.

**Incest as a Causative Factor in Antisocial Behavior: An Exploratory Study.**

Benward, J.; Densen-Gerber, J.

*Contemporary Drug Problems* 4(3):323-340, Fall 1975.

Interviews were conducted with 118 female patients in Odyssey House drug abuse treatment centers to gather information on the incidence of incestuous behavior, the relationship between its occurrence and other selected variables, and the impact on the female participants. Forty-four percent had been involved in an incestuous experience, mostly with male partners. Among sexual partners, 35.5 percent were age peers with the subjects and 64.5 percent were in the parental generation. Statistical data comparing the incest group with the nonincest group are presented. The occurrence of incestuous experiences appears to be of sufficient frequency to be a major factor leading to the development of antisocial behavior. Significant persons in the child's environment did not gratify the child's needs and disrupted the child's psychosexual development. The mother's acquiescence and inability to fulfill her social role disrupted the socialization of the child. In cases of voluntary participation, the early experience of sensual stimulation led to a premature development of sexuality, without adequate means of coping with the sexual tension. In the cases of forced sexual interaction, the child's ego was helpless to cope with the frustration, rage, and conflict caused by the encounter. During adolescence, with the increase in both psychological and physical anxiety, the female becomes even more desperate to find relief. Thus, she is especially prone to seeking outlets such as the use of drugs. The problems surrounding incest are similar to the general problems of child abuse and should be confronted in a similar way. Three case histories are presented.

**CD-01399**

**The Infant at Risk.**

Bergsma, D.

New York, Intercontinental Medical Book Corp., 181 pp., 1974.

A symposium sponsored by the Mount Zion Hospital Medical Center, San Francisco, and the San Francisco Chapter

of the National Foundation-March of Dimes focuses on the environmental risks to which children are exposed during the perinatal period and during the first 3 years of life. Information related to pregnancy and the perinatal period covers the ecology of the newborn, effects of early nutrition on growth, and the relationships among poverty, pregnancy outcome, and child development. Papers relating to the early emotional-psychologic development include discussions of individual differences at birth, danger signals in the separation-individuation process, and variations in separation-individuation and implications for play ability and learning. Problems in the first 3 years of life and preventive intervention are reviewed. A final section reviews cross-cultural considerations, the shaping of the environment by the neonate, the infant in the Black culture, and the infant in the Mexican-American culture.

**CD-01400**

Berkeley Planning Associates, Calif.

**Summary of Findings to Date, Evaluation of the Joint OCD-SRS Demonstration Program in Child Abuse and Neglect.**

Prepared for: Health Resources Administration (DHEW), Rockville, Md. National Center for Health Services Research, 43 pp., November 1976.

The evaluation of the Joint OCD-SRS Demonstration Program in Child Abuse and Neglect has as its ultimate concern the effectiveness and cost-effectiveness of alternative service strategies in reducing abusive and neglectful behavior in parents and improving community responses to the problems of abuse and neglect. The components of the evaluation study include project goals, cost, case management, project management, adult clients, children, and community systems. Projects whose goals were most successfully accomplished had an ongoing agency as a sponsor which was already a primary service provider in the community and was well coordinated and well administered. Factors contributing to comparative cost efficiency are larger total expenditures; larger total staff; increased hours per staff; smaller proportion of expenditures going to project activities; and a wider variety of services provided. The key problems related to case management were poor records; inconsistent supervision and lack of training; and inadequate client participation. In the project management component the following aspects are being studied: organizational structure; management process; co-worker relations; job characteristics; host agency; professional training; termination; and burn-out. Less than half of all adult clients had reduced potential for abuse or neglect at termination of therapy. Findings regarding the children are classified under: observed difficulties with developmental assessments; clinical observations of children at intake; and developmental test results. The community systems component indicates that most projects had difficulty influencing development of new programs where federal monies were not involved. An annotated listing of reports to date is appended.

**CD-01401****Hospital Liability for Battered Children.**

Bernstein, A. H.

*Hospitals* 50(5):95-97, March 1, 1976.

Despite legal initiatives as early as 15 years ago, the reporting of child abuse cases by those in the health field has not increased significantly until recently. The combination of widespread publicity by the media and progressive modifications of existing child abuse laws is gradually overcoming barriers to reporting. Brief examples are provided of convictions resulting from assumptions based on lay judgement, sibling testimony, critical review of parental alibis, and the strength of medical testimony. Moreover, the leanings of legal mandates are toward interpreting nonreporting by health care professionals and the public as criminally punishable. Examples of failure to report by physicians and the response of the California state courts to such failure are presented.

**CD-01402**

Mount Sinai School of Medicine, New York, N.Y.

**Incest: Some Clinical Variations on a Classical Theme.**

Berry, G. W.

*Journal of the American Academy of Psychoanalysis* 3(2): 151-161, April 1975.

Six cases of incest seen over an 8-year period in hospital and private practice are described. With one exception, the existence of incest-related problems was not known at the start of psychotherapy or psychoanalysis. Clinical findings from these cases strongly suggest the notion that an act of incest is as much a psychic reality as a fantasy; histories of incest should not be quickly dismissed as oedipal fantasies. Several theories about incest are put forth. First, seemingly superficial and frequent incestuous experiences between siblings may serve to intensify unresolved oedipal wishes resulting in narcissistic injury. Second, preincestuous children are identifiable in some situations, particularly in relation to an individual who experienced incest in his own childhood; identification of such children should lead to prophylactic intervention. Third, there exists a phenomenon of incest-envy, a unique and potent psychodynamic force, which may generate greater psychological damage than direct involvement in incest. Incest is clearly a result of complex dynamic forces. Even when carried out in a sexual mode, incestuous behavior is, in many cases, motivated by aggressive drives and pregenital needs. 14 references.

**CD-01403**

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**The Status of Child Abuse and Neglect Prevention and Treatment.**

Besharov, D. J.

In: Proceedings of the First National Conference on Child Abuse and Neglect, January 4-7, 1976. Washington, D.C., National Center on Child Abuse and Neglect (DHEW), (OHD) 77-30094, pp. 5-12. 1977.

The National Center on Child Abuse and Neglect (NCCAN) is working to increase knowledge about child abuse and neglect and the application of that knowledge to improve and expand prevention and treatment efforts. NCCAN is supporting a broad national research and demonstration program consisting of over 125 research, demonstration, training, technical assistance, resource, and treatment programs throughout the nation. The Child Abuse Prevention and Treatment Act of 1974 (P.L. 93-247) created the Advisory Board on Child Abuse and Neglect, which comprises representatives of the relevant federal agencies, to coordinate these programs. Several issues which have appeared as a result of the increased information and concern about child abuse over the past decade are discussed. Conflicting viewpoints about the etiology of child abuse and neglect exist. The questions of how much etiological research is enough and more importantly, whether society will act on the findings are posed. The adequacy of child protective services and the possibility of implementing coordination plans are questioned. Real progress in prevention will come only if a greater understanding of family hygiene can be incorporated into everyday life. The child protective agency's inability to deal with the underlying familial, social, cultural, and economic forces that shape people's lives is a fundamental weakness in the current system.

**CD-01404**

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

**Putting Central Registers to Work.**

Besharov, D. J.

*Children Today* 6(5):9-13, September-October 1977.

The failure of existing central register systems to fulfill their stated case diagnostic, monitoring, and statistical functions is discussed. Too often the register is immobilized by case overloads and insufficient staff and space, as well as the failure even to receive all reports. Most fail to meet their research and statistical purpose because the rudimentary forms used allow for only one-dimensional, statistical summaries and offer little understanding of the children and families involved. The necessity of keeping highly private information about people should not forestall efforts to prevent its misuse. Provisions to preserve the confidentiality of all records in order to protect the rights of the child and the parents or guardians under the federal Child Abuse Prevention and Treatment Act are discussed. The HEW regulations implementing the Act enumerate those persons, agencies, and the situations under which access is deemed "directly connected with the administration" of the child protective programs and are explored from several viewpoints. As a matter of fundamental fairness, subjects of a report should have access to that information in order to have the record amended, expunged, or removed from the files. Because child abuse and neglect are usually a part of a continuing pattern, information concerning the existence of prior injuries can assist those responsible for verifying reports. Knowledge of previous reports can be an important factor in deter-

mining whether the child is in such danger as to indicate the need for immediate removal from the home. Handled properly, a register also can measure the performance of the child protective services and coordinate community-wide treatment efforts by monitoring follow-up reports. The uses of a properly operated central register are summarized.

**CD-01405**

Didcot Health Center (England).

**Child Abuse and General Practice.**

Beswick, K.; Lynch, M. A.; Roberts, J.

*British Medical Journal* 2(6039):800-802, October 2, 1976.

Experience with child abuse and its prevention in a family practice in a small town in Oxfordshire, England, is described. Of 9,250 patients in this practice, 1,841 children were under 10. During a 38-month period ending in March 1976, 12 cases of actual abuse had occurred and 30 children were at risk at the end of the period. A team consisting of 4 family doctors, nurses, health visitors, midwives, and social service workers was used for identification of the at-risk child. Complete antenatal care allowed the physician to identify certain risk factors, such as negative feelings of the parents, some abnormality of the pregnancy or delivery, or abnormal early mother-infant interaction. Recognition of stress factors was also useful in predicting risk. Abusing parents characteristically see different doctors in the practice, attend accident clinics, and ask for help at awkward times. Management begins with making the parents realize their predicament, and includes a diagnostic interview, during which a more accurate assessment can be made and a therapeutic relationship established. Among the treatment services employed in Oxfordshire are a 24-hour lifeline, therapeutic counseling, child care, practical assistance, and referral to other agencies.

**CD-01406**

Premature Clinic, Warsaw (Poland). Dept. of Developmental Pathology.

**Treating Children Traumatized by Hospitalization.**

Bielicka, I.; Olechnowicz, H.

*Children* 10(5):194-195, September-October 1963.

Recommendations concerning prevention and treatment of the maternal deprivation syndrome in hospitalized infants and young children were made following a 7-year study of these cases in Warsaw, Poland. Children who are affected by the syndrome exhibit a failure to thrive physically, socially, and psychologically; the delayed development is usually the result of numerous traumatic factors and of the frustration of needs which are normally met in a family environment. Experience gained from treating deprived children underscores the importance of providing them with proper nutrition, adequate time for sleep, and protection against frustration. Guidelines developed in the course of rehabilitating 70 children with psychosomatic sequelae indicate that a child should never be hospitalized unless



absolutely necessary; orphans or abandoned children should be placed with families as early as possible; mothers should always be allowed in the hospital and encouraged to spend time with their children; a staff member should be provided to serve as a substitute mother when the natural mother is not present; training for nurses should develop certain maternal characteristics such as sensitivity to various emotional states in the child; and the functional needs of the child, such as the need for motor activity and for diversified play, must be satisfied.

**CD-01407**

California Univ., Berkeley. School of Social Welfare.  
**Studies in Child Protective Services.**

Billingsley, A.; Giovannoni, J. M.; Purvine, M.  
California Univ., Berkeley. School of Social Welfare, 212 pp., September 1969.

Protective services is conceptualized as a social system embedded in a complexity of other systems; the focus of each individual research study described in the report concerns specified elements of this system. A participant observation study of a single protective service system revealed 2 principal forms of dysfunction: (1) cases which do not warrant legal action, and (2) the lack of coordination between legal and welfare authorities. Other studies cover the roles of the hospital and the community in the protective service system. The role of protective services social workers was examined in a study of 9 public welfare departments. Community and organizational factors exerted a heavy influence on workers' role orientations. A reduction of the unfavorable aspects of these influences would be possible if protective services were located within functionally specific units, and if planning roles were extended to other community elements. The final series of studies compared characteristics of families who abuse or neglect children and those who do not. Protective services should be extended to include intimate involvement with mental health facilities, particularly in cases of abuse. Because those who neglect their children are very apt to be in need of a multiplicity of services, protective services should be conceptualized as comprehensive community services to children in their own homes at the treatment level. Two papers drawn from these studies are appended. 23 references.

**CD-01408**

Albert Einstein Coll. of Medicine, Bronx, N.Y. Dept. of Social Ecology.

**The Pediatric Nurse Practitioner and Preventive Community Mental Health.**

Birenbaum, A.

*Journal of Psychiatric Nursing and Mental Health Services* 12(5):14-19, September-October 1974.

The detection of child abuse and neglect is one of 5 situations in which the pediatric nurse practitioner (PNP) acts as a community mental health worker. Frequent contact between the PNP and the child facilitates the discovery of

incriminating bruises in unusual places or bruises that recur in the same areas. Signs of neglect may also be more noticeable to the PNP. Suspicious observations should be discussed in team meetings and the management of such cases should be planned at the same time. In a therapeutic relationship the PNP may be reluctant to report incidents of questionable abuse or neglect for fear of destroying the nurse-patient relationship. The PNP is in an excellent position to provide education for the parent in child development and disciplining techniques. Homemaker services should be suggested to help parents in coping with household problems. Reporting should always take place whenever there is a genuine threat to the health and safety of the child. Other situations in which the PNP supplies mental health care services include breaking down parental resistance to treatment, psychological preparation for medical procedures, relieving parental anxiety concerning children, and providing support for parents who require psychiatric consultation or therapy. 5 references.

**CD-01409**

Royal Children's Hospital, Melbourne (Australia).

**Perception, Memory and Pathological Identification as Precipitating Factors in Parental Attacks on Children.**

Bishop, F.

*Medical Journal of Australia* 2(7):243-245, August 16, 1975.

A mother's perception of her child, particularly in the pathological identification of child with a disliked or cruel person, may be the precipitating factor in child abuse. Understanding this phenomenon may lead to methods of effective prevention without resorting to removal of the child from the home. The child may evoke feelings which the parent associates with unpleasant memories from his own childhood, when he was unable to retaliate. In several illustrative case histories, the parent acts against the child with the repressed, uncontrollable, and infantile feelings he felt as a child. These misperceptions are particularly apt to occur when the offspring is still at a prelogical stage of child development. Understanding these misconceptions enables therapists to treat the parents and prevent attack on the child when parental life experiences and identification with the child render him vulnerable.

**CD-01410**

Royal Children's Hospital, Melbourne (Australia).

**The Maltreatment of Children: Some Unresolved Problems.**

Bishop, F.

*Medical Journal of Australia* 2(7):245-249, August 16, 1975.

Successful management of child abuse cases has long been measured in physical parameters, ignoring the child's emotional, social, intellectual, and personality development. The fact that the child is removed from further maltreatment does not preclude his becoming an abusive parent. Many professionals believe that the problem has been overemphasized despite repeated evidence in the literature to

the contrary. The ramifications in all areas of the child's development are likely to be vast. Many professionals continue to shield parents from the consequences of reporting or referring, overlooking this chance as the best opportunity to help the family. The problems of case management include the lack of services, overloading of available services, and inability to differentiate between different forms of management ineffectiveness. One of the most controversial modes of management is the removal of the child from the home. Legal aspects of case management are discussed.

**CD-01411**

Philadelphia Society to Protect Children, Pa.

**Helping Neglectful Parents.**

Bishop, J. A.

*Annals of the American Academy of Political and Social Science* 355: 82-89, September 1964.

The role of child protective services in helping neglectful parents is discussed. Modern child protective service is based on the community's responsibility for neglected children. The greatest change in protective service since the 1870's has been in the growing emphasis on help to parents to provide needed care as opposed to punishment of parents and removal of children. Neglectful parents can be helped to provide adequate care, both physical and emotional, by a community program that identifies them as needing help and provides that help through the authoritative intervention of a protective agency. Such agencies should be well equipped to give casework help and provide other services that support parental functioning. While not all neglectful parents will become adequate parents, parental capacity may be lost or latent capacity never realized by deprivation or overwhelming personal circumstances. This capacity can be regained or developed and is in itself a valuable community resource. Protective service is generally accepted as basic in all communities, but while it is generally increasing in public child welfare units, it is by no means universal. 13 references.

**CD-01412**

Colorado Univ., Denver. Dept. of Speech Pathology and Audiology.

**Speech and Language of Abused Children.**

Blager, F. B.; Martin, H. P.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 83-92, 1976.

Speech and language assessments were performed on 23 abused children who were enrolled at the Preschool for Abused Children at the National Center for the Prevention of Child Abuse and Neglect in Denver. The first group consisted of 10 preschool children, mean age 43 months at the time of testing, who had been subjected to abuse within the preceding 6 months; child protection agencies and the courts were involved with all of the families. The

second group consisted of 13 children involved in psychotherapy, mean age 5.25 years at the time of testing. This group was seen several years after physical abuse had occurred, and all parents had been involved in therapy. Linguistic tests were administered to both groups. The preschool group showed delayed speech and language development on all measured parameters. Results from the older group on the Illinois Test of Psycholinguistic Ability indicated that while the overall average scores were within normal limits, closer analysis of the individual profiles of the subtest scores showed more scatter of abilities and disabilities than would be expected. Factors which confirm that speech and language is a sensitive neurologic, social and emotional function, sensitive to structural central nervous system damage and to aberrations in parenting include age of the child, lack of experience, reaction to testing, relationship to trauma, type of intervention, and adaptiveness of the child. Variations in the measured performance of abused children was dependent upon age, time of therapeutic intervention, type of intervention, developmental potential, and the amount of support or non-support there was in the psycho-communicative aspects of their environment. 15 references.

**CD-01413**

Pittsburgh Univ., Pa.

**Communication Skills of Abused Children.**

Bloom, L. A.

Doctoral Dissertation, Ann Arbor, Mich., University Microfilms, UM 76-14108, 98 pp., 1975.

Communication skills were assessed in 17 children who had been abused in early childhood and compared with those of a matched group of 17 children who had suffered accidents and similar hospital experiences at a comparable age. Another control group of 25 children was used, who had experienced neither accidents nor abuse in early life. Matching variables included age, race, sex, socioeconomic status, and the presence or absence of hospitalization, as well as the duration of hospitalization. The groups were compared on expressive language, conversational articulation, other communication problems, such as stuttering, and combinations of these. A high incidence of communication problems was found across all groups. The abused group demonstrated significant expressive communication problems, with the incidence of poor expressive language, poor conversational articulation, and stuttering being high. Comparison among certain subgroups indicated significant differences. High-certainty abuse subjects had poorer expressive language ratings than their matched controls. Expressive language and conversational articulation skills were poorer in all groups among children of lower socioeconomic status. Black children had poorer expressive language skills and demonstrated a tendency to have poorer conversational articulation than white children. The factor most highly correlated with poor expressive communication skills in all subjects was poverty, and the relationship between poverty and abuse appears to be strong.

**CD-01414**

Childrens Hospital of Los Angeles, Calif.  
**Who Insures the Child's Right to Health?**

Boardman, H. E.

In: *The Neglected Battered-Child Syndrome: Role Reversal in Parents*. New York, Child Welfare League of America, Inc., pp. 5-12, 1963.

A discussion of the right of a child to live despite the actions, wishes, or neglect of his parents covers problems of identifying and defining child abuse and neglect for the community and for professionals; the use of laws and courts; and the development of criteria for identification of abuse and neglect. Professionals have a responsibility to communicate information and identification criteria to the public so that the community can act to establish the rights of children whose welfare is in danger. 3 references.

**CD-01415**

Child Welfare League of America, New York, N.Y.  
**The Community and the Social Agency Define Neglect.**

Boehm, B.

*Child Welfare* 53(9):453-464, November 1964.

Neglect is the most important child welfare problem, and accounts for 43 percent of all children in foster care under public auspices. An analysis of 1,400 questionnaires from representative community leadership groups in Minnesota indicated that strong support for protective action exists in the community only when the situation presents a gross physical hazard to the child, and that little or no weight is attached to behavior that suggests a mental health hazard to the child, unless accompanied by physical violence on the part of the parent. No significant relationship was found between occupation and the perceived need for protective intervention, thus indicating that social work respondents were substantially in agreement with the attitude expressed by other community groups and did not assign greater latitude or responsibility to the protective agency than did the members of other occupations. For the most part, neglect families represent the most socially and economically disadvantaged sectors of the population and have significantly higher proportions of broken homes and minority group membership. In most cases, there was a cluster of problem behaviors, relating mostly to the parents. A focus on stress factors, rather than on problems, would lead to a planned concentration of services for this group, and could prevent neglect, or at least treat it in an early stage.

**CD-01416**

Michigan State Univ., East Lansing. Inst. for Family and Child Study.

**Education for Parenting: A Preventive Approach to Child Neglect and Abuse.**

Boger, R. P.; Light, H. K.

*Midwest Parent-Child Review* 2(1):1-5, Fall 1976.

The prevention of child abuse and neglect through breaking the generational cycle of abuse is discussed. Victims of inadequate rearing which has failed to instill self-esteem enter adulthood without important positive feelings of self-worth. Such persons frequently select mates with similar backgrounds and needs, setting up a marriage wherein the mate is unable to provide support. Unrealistic expectations of their child's or children's ability to provide the needed support may result, creating high potential for abuse. Two additional factors in child abuse are the cultural attitude toward the use of physical force in parent-child discipline and the family crisis, which although not a basic cause is often the precipitating factor. Parenting programs require innovation, interdisciplinary commitment, cooperative programming across agencies, and flexibility to meet the complex needs of families under stress. Examples cited are the small group workshops at the Institute for Family and Child Study, Michigan State University; the Office of Child Development's Exploring Childhood programs; and the Parent Readiness Education Project in Detroit. 12 references.

**CD-01417**

Arizona Community Development for Abuse and Neglect, Phoenix.

**Basic Skills and Information Manual: Child Maltreatment.**

Bolton, F. G., Jr.

Arizona Community Development for Abuse and Neglect, Phoenix, 58 pp., 1977.

This manual begins with a brief review of the historical and cultural factors involved in child abuse and neglect. Statistics are then given for children who receive deficient health and welfare attention, maltreatment, death resulting from maltreatment, injury resulting from maltreatment, and neglect. Aspects of family dysfunction and child maltreatment discussed include environmental factors, the abusive parent, the neglecting parent, the physically abused child, failure to thrive, and the neglected child. Misconceptions regarding the sociological aspects of child abuse and neglect are considered, and a general summary of intervention measures is presented. 16 references.

**CD-01418**

Arizona Community Development for Abuse and Neglect, Phoenix.

**Delinquency Patterns in Maltreated Children and Siblings.**

Bolton, F. G., Jr.; Reich, J. W.; Gutierrez, S. E.

Arizona Community Development for Abuse and Neglect, Phoenix, 14 pp., 1977.

The results of a study of the effects of internal family behavior on the potential for delinquent acts through the vehicle of learned aggressive behavior are presented. From a modeling theory perspective, it was hypothesized that siblings of abused children would be more likely to commit aggressive crimes, while the abused children themselves would be more likely to commit escapist offenses. The records of 774 abused children were compared with

those of 900 reported juvenile offenders, with the basic data of the study being reported crimes. The hypothesis was supported in that abused children tended to have a very low frequency of aggressive crimes (7.8 percent), while their siblings had a much higher frequency (17.2 percent). Among the control subjects, the siblings also had a higher frequency of aggressive crimes than the primary subjects, but the difference was not as great (30.6 and 23.5 percent, respectively). Abused children were reported for escapist crimes (92.2 percent) far more often than their siblings (82.8 percent). The frequency of escapist crimes among primary controls and their siblings were 76.5 percent and 69.4 percent, respectively. The implications of the findings for societal perspectives on juvenile crimes are discussed. 29 references.

**CD-01419****Violence in the Family.**

Borland, M.

Atlantic Highlands, N.J., Humanities Press, Inc., 148 pp., 1976.

In a multidisciplinary examination of child abuse and other forms of intrafamily violence, a psychiatrist discusses the kinds of people who are likely to vent their frustrations on children and their underlying motives; a sociologist examines societal attitudes toward violence; a pediatrician points out the clinical signs and symptoms of physical abuse in children; a treatment team leader explains the role of his voluntary agency in abuse cases; a lawyer presents the legal position of battered children; a chief of police explains the police point of view; and a social worker expands upon the obstacles facing more productive interagency cooperation. Numerous references.

**CD-01420**

Regional Inst. of Social Welfare Research, Inc., Athens, Ga.

**Foster Parenting in Child Protection: The Need for Coordination.**

Boserup, D. G.; Corey, M. K.

Regional Inst. of Social Welfare Research, Inc., Athens, Ga., 9 pp., September 1976.

For a variety of reasons, foster care does not operate as a system, nor does it relate adequately to other systems. In the area of foster care for children who have been placed for reasons of abuse or neglect, the interplay of requirements and performance is especially ambiguous. One reason for this is uncertainty about the role specifications of the foster parent. Another apparent and related reason is that foster parents usually do not share available information about the child, the reasons for placement, or other case management information. Another common problem is that most foster care placements, especially the temporary placements, lack the means for assuring the rights of children. Placements, case actions, and other aspects of decision making are largely uncoordinated. It is this lack of coordination and information exchange which most

impedes successful placement and the protection of children's rights. Methods are presented for implementing better coordination in the foster care system and directly involving the foster parent, and the implications of these methods for foster care are noted.

**CD-01421****Child Advocacy in Education.**

Bower, E. M.

In: Westman, J. C. (Editor). Proceedings of the University of Wisconsin Conference on Child Advocacy. Wisconsin Univ., Madison. Extension Health Sciences Unit, pp. 168-178, 1976.

The three basic institutions through which children must pass during their development are the family; the peer play institution, formal or informal; and the school. The essential function of the family is to act as a mediator between the child and the larger society. Interactive peer play, which normally occurs in children between 2 and 3 years of age, is important in the development of imagination and in learning to interact with others through the use of rules. What is learned through peer play is an essential foundation for later learning in the schools; schooling should not be forced on children who have not successfully learned the lessons of peer play. A re-examination of the conceptual metaphors which underlie educational systems shows them to be outdated. Institutions which connect the mediating needs of children with adults, the play needs of children with peers, and the cognitive needs of children with knowledge should be tried. Parent child educational centers, voluntary family-play-learning centers where children could experience all of these functions, are proposed.

**CD-01422****Children at Risk. The Basic Needs of Children in the World Today.**

Bowley, A. H.

London, Churchill Livingstone, 61 pp., 1975.

The basic needs of children are discussed and some of the reasons that these needs are not being fully met are examined. Because of earlier physical maturation among children today, more early marriages and pregnancies are occurring with concomitant immaturity of parents. Parents who themselves suffered deprivation in their early years may perpetuate similar deprivations in their children. Some people are inadequate parents because of intellectual or physical handicaps. Marital stress and homelessness are also major contributors to parental failure to fulfill children's needs. Battered children are discussed as a special group of children at risk, and some of the factors contributing to the cause of this problem are discussed. Special attention is given to a discussion of deprived and unwanted children. Several possible positive and preventive measures are reviewed: nursery schools and nursery play groups; modern Sunday school work with children under 10; schools and organized clubs; adventure playgrounds

and play centers; and theater workshops. It is concluded that the unruly, violent, and discontented individual is one who has not received satisfaction of the basic childhood needs, such as security, love, care, reasonable restraint, and guidance based on affectionate concern.

**CD-01423**

Michigan State Univ., East Lansing.

**Prevention and Parenting: As These Issues Relate to the Minority Family.**

Brady, M.

In: Proceedings of the First National Conference on Child Abuse and Neglect, January 4-7, 1976. Washington, D.C., National Center on Child Abuse and Neglect (DHEW), (OHD) 77-30094, pp. 55-66, 1977.

Historical events of the child welfare movement in England and in the U.S. are briefly presented as an introduction to the discussion of the contemporary welfare system as it relates to minorities. Minorities must be encouraged toward healthy self-concepts before any major effort to improve their situation can convene. Health care workers need to grasp the significance of what happens when one human being predicates his or her sense of dignity on the subjugation of another human being. Unwed parents constitute a special minority; health care workers must be aware of their attitudes toward unmarried mothers so that they can receive proper prenatal care. It is mandatory that mother and child be given total support for the first year as well, if risk of abuse or abandonment is to be reduced. Free and open communication between all agencies concerned is a prerequisite to successful family service. Experienced professionals must be willing to spread their knowledge to overworked or underexperienced agencies. Direct treatment modalities clearly have to be augmented to improve health care for minorities. To be effective, they must be modified and, in many instances, combined with psychiatric and nonpsychiatric remedies. Factors that must be considered in providing total health care treatment include rationales for brief therapy and services; types of group therapy; crisis intervention; active therapy; improving work-client relationships; recognition of the tendency for the patient to act out rather than verbalize; understanding the patient's low capacity for introspection and abstraction; and understanding the patient's need for authenticity. Parenthood education is a must; many child abusers are young, and many are single parents who have no positive parenting models. Several programmatic suggestions are offered. 14 references.

**CD-01424**

Leicester Univ. (England). Dept. of Psychiatry.

**Physical Violence in the Family: An Overview.**

Brandon, S.

In: Borland, M. (Editor). *Violence in the Family*. Atlantic Highlands, N.J., Humanities Press, Inc., pp. 1-25, 1976.

Violence within the family is a relatively common occurrence, and child abuse is a significant component of intra-

familial violence. Extreme violence and death more often involve the father or male custodian of the child than the mother, although any assault, even a minor one, on a child may be fatal. Mothers who intentionally kill their children are often depressed and commit suicide after killing their children as a type of extended suicide. These situations represent only the extremes and many parents who abuse their children are normal people who are unable to cope. One of the most common types of abusive parents seen is the young woman who was deprived of love and parental approval as a child, or perhaps was maltreated herself. Such parents have a craving for affection and yet little capacity for love. The mothers often have unrealistic expectations for the child and cannot cope with his shortcomings. Many types of abusive parents and situations are described, as are other types of familial violence. 40 references.

**CD-01425**

Beth Israel Hospital, Boston, Mass.

**The Sexually Misused Child.**

Brant, R.S.T.; Tisza, V. R.

*American Journal of Orthopsychiatry* 47(1):80-90, January 1977.

Sexual misuse of children is discussed in light of a retrospective examination of pediatric emergency room records and as seen in clinical experience. Of 56,000 emergency room records in a single year, 52 cases of possible sexual misuse were identified. Fewer than 10 percent had been reported to the hospital child abuse team, and in at least 25 percent, professionals had not considered the diagnosis of sexual abuse. Children are not always the passive victims of adults, but rather, sexual abuse is usually a manifestation of family pathology, and several family members are usually involved. Sexual 'misuse' is suggested as a better term than sexual 'abuse.' Emergency room and clinical experience indicate that cases of sexual misuse cover a broad spectrum, from families whose relationships are blurred and whose actions are difficult to separate from their underlying fantasies, to the gross transgressions, including incest within the family and violent assault of a child by a stranger in the form of molestation or rape. Several illustrative cases are briefly presented. Cases of sexual abuse may come under the jurisdiction of the criminal courts. Four guidelines for acute case management are set forth: an interdisciplinary support system is essential for professionals working with these children and their families; one should attempt to understand the symptom of sexual abuse in terms of its impact on a given child's development and its meaning within the context of the family system; the capacity of the family to provide safety and protection for all of its members should be assessed early in working with a family; and care should be taken that solutions do not further complicate the problem. 9 references.

**CD-01426**

Harvard Univ., Boston, Mass. School of Medicine.

**Early Mother-Infant Reciprocity.**

Brazelton, T. B.; Tronick, E.; Adamson, L.; Als, H.; Wise, S.

*Ciba Foundation Symposium* (33):137-154, 1975.

Mother-infant interaction was studied by videotape in 12 mother-infant pairs during the first 5 months of infant life. Two 3-minute interactions separated by 30 seconds were recorded. Mother and infant were recorded simultaneously on 2 cameras. By 3 weeks of age, the newborn demonstrated behaviors with an object which were different from those with a human interactant. He also demonstrated an expectancy for interaction with his caregiver which had clearly defined limits, as demonstrated behaviorally. A regular set of interactive behaviors was demonstrated on videotape in optimal face-to-face interaction between infants and their mothers. All parts of the infant's body move in smooth circular patterns as he attends to her. His face-to-face attention to her is rhythmic, with approach-withdrawal cycling of extremities. The attention phase and build-up to her cues are followed by turning away and a recovery phase in a rhythm of attention-nonattention which seems to define a cyclical homeostatic curve of attention averaging 7 cycles per minute. When the mother presents a still, unresponsive face, thus violating his expectancy for rhythmic interaction, he becomes visibly concerned: his movements become jerky, he averts his face, and then he attempts to draw her into interaction. When repeated attempts fail, he finally withdraws into an attitude of helplessness, face averted, body curled up and motionless. If she returns to her usual interactive responses, he comes alive after an initial puzzled period, and returns to his rhythmic cyclical behavior which has previously characterized their ongoing face-to-face interaction. This attentional cycling may be diagnostic of optimal mother-infant interactions and seems not to be present in more disturbed interactions. 5 references.

**CD-01427**

British Medical Journal.

**Children's Rights -- Parents' Responsibilities.**

*British Medical Journal* 2(6039):775-776, October 2, 1976.

Children's rights under the British 1975 Children's Act are discussed. While the Act recognizes children's rights, the extent of implementation of the act remains to be determined in the courts. Physicians and social workers are reluctant to go to court in cases in which there are only minor injuries, even though these minor injuries may be important warning signals. Examples of hard evidence which should be of use in the courts include growth charts, x-ray films, blood and urine analyses for toxins, and psychological test results. The importance of full and accurate office records is stressed. One section of the Act provides that if a child has been fostered for at least 5 years, the foster parents can apply to the court for a short period of "freeze," during which the child stays with them. This gives case workers time to assess the situation

should the natural parents want the child back, and to prepare the child. Under the present law, only social workers (not doctors) have the statutory authority to apply for a care or place-of-safety order. In neglect cases where parents do not provide full immunizations for their children, the state might protect the child and teach the family by paying family allowances to those families which complete all recommended health procedures.

**CD-01428**

British Medical Journal.

**Koluchova's Twins.**

*British Medical Journal* 2(6041):897-898, October 16, 1976.

The case of the Czechoslovakian twins who had been isolated and cruelly treated from the age of 18 months to 7 years by their step-mother is briefly recounted, and the importance of child-adult relations in the early years of life is discussed. The twins had received care in a children's home from the time of their mother's post partem death until the age of 18 months, when they went to live with their father and his new wife. At age 7 the twins were removed from their isolated, punitive home and made surprisingly good progress: there was no evidence of permanent cognitive damage; speech and language developed normally; they caught up with their peers in school work; and their social adjustment was good. By age 14, they had IQs of 100. Questions posed by this case include whether the twins were preserved from permanent damage by having 18 months of reasonable care in a children's home after the death of their mother, and whether their being twins meant that their "secret language," self-isolation, and attachment to each other preserved their potential for development. Several recent studies on the mother-child relationship in early life are cited. Society should be aware of the observations of such research and develop a social policy which neither idealizes mothers and the family, nor loses the unique possibilities for development of children that families can provide. 34 references.

**CD-01429**

British Medical Journal.

**Incest and Family Disorder.**

*British Medical Journal* 2(5810):364-365, May 13, 1972.

In a report concerning incest the incidence was 4 percent for paternal incest among unselected female psychiatric patients, and among 700 psychiatric patients of both sexes, 4 percent had some experience with incest. Paternal incest is usually initiated by fathers between the ages of 30 and 40, when their daughters are between 5 and 14 years of age. The relationship, which usually begins with the eldest girl, lasts an average of 8 years, and younger siblings are often later involved. Most of the cases reported occurred in large working-class families living in cramped quarters in industrial towns or under conditions of extreme isolation in rural areas. The fathers tended to be highly sexed, undercontrolled, and underoccupied. The mothers were generally dejected and felt overwhelmed by the burdens of

their large families. In the group studied, 11 of 26 daughters later became promiscuous and developed psychopathic traits; 5 became frigid after marriage. In most cases where the father was imprisoned for incestuous behavior, the relationship resumed upon his release. Early identification of families at risk and prompt intervention may offer some prospect of prevention. 9 references.

**CD-01430**

British Medical Journal.

**Confidentiality for Informants.**

*British Medical Journal* 1:1476-1477, June 12, 1976.

Confidentiality for reporters in child abuse cases in England is discussed in light of a recent Court of Appeal decision. The court ruled that a mother was entitled to know the name of a person who had reported her to the National Society for the Prevention of Cruelty to Children (NSPCC). The mother had brought an action claiming damages for negligence against the NSPCC in that the NSPCC inspector had not checked the validity of the information prior to his visit. For days after the inspector's visit, during which the family doctor had assured him that the child was perfectly well, the mother had suffered from depression to the point of having suicidal thoughts. This decision should not lead physicians or the general public to exaggerate the legal perils of making a report on a suspected case of child abuse to the NSPCC.

**CD-01431**

Michigan State Univ., East Lansing. Dept. of Human Development.

**Ethical Issues in Early Identification and Prevention of Unusual Child Rearing Practices.**

Brody, H.; Gaiss, B.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 372-375, 1976.

Some of the ethical problems associated with screening and intervention for early identification of unusual child rearing practices are discussed. "Unusual" practices that are not pathological should not be included. A balance must be struck among the rights of all parties involved, including the child, the parents, and society at large. Major distinctions must be observed between after-the-fact and before-the-fact intervention, as well as between those services to a patient who comes to a health worker as compared to mass, public distribution of services. What is appropriate in one case may not be appropriate in the other. Both the screening for and the training of high-risk parents should be designated as either mandatory ("routine") or voluntary, and the inherent problems with each taken into consideration. For any voluntary part of the program, a proper mode of consent and guarantees, including disclosure of all necessary information about the nature of the program, must be designed. Elements of the program that might have a coercive influence on parents

should be identified and minimized. Because a few parents will be mistakenly labeled as high risk through false positive test results, the emotional impact of such labeling should be minimized.

**CD-01432**

Michigan State Univ., East Lansing. Coll. of Human Medicine.

**Ethical Issues in Screening for Unusual Child-Rearing Practices.**

Brody, H.; Gaiss, B.

*Pediatric Annals* 5(3):106-112, March 1976.

Solving the problem of child abuse and neglect, particularly in prevention and detection, presents many ethical dilemmas. The premise that an effective screening and intervention program can be developed depends upon two basic premises: (1) there is a high degree of correlation between observational methods and the actual characteristics that determine a parent to be high risk, and (2) it is possible to design and implement a parenting-skills training program that allows parents to identify their own values and to raise their children according to these values. The ethical issues involve achieving a balance between the rights of all concerned, making distinctions between preventive and after the fact treatment, designating screening and parenting training as either mandatory or voluntary, establishing a proper set of guarantees and consent to accompany the voluntary part of any program, and identifying and minimizing any elements in the program having a coercive influence. The value of a screening and training program is discussed in detail. Voluntary programs with the above safeguards are probably more workable and less of an infringement on individual rights than mandatory programs, although they may be less effective in the long run. 3 references.

**CD-01433**

**Child Abuse in Alaska.**

Brown, G. W.

In: *Circumpolar Health.* Toronto, University of Toronto Press, pp. 461-468, 1976.

Child abuse in Alaska is similar to that seen in the other states. The state reporting law became effective in June 1971. In the first year after enactment, the child abuse incidence rate was 48 per 100,000 children, and in the first 6 months of 1973 the rate was 60 per 100,000. In geographically similar Iceland, only 4 cases were reported during the 1960's. Four factors contributed to the lower rate in Iceland: compulsory health insurance has been in effect since 1936; the population has not been exposed to war for centuries; violent crimes are rare, with only 14 reported murders between 1945 and 1970; and Icelanders are individualistic, with a high degree of concern for the welfare of their neighbors. By contrast, Alaska's medical services are highly fragmented and family instability is common. The organization and services of the Anchorage Child Protection Task Force and Child Abuse Board, Inc. are described. 10 references.

## CD-01434

Woodville State Hospital, Carnegie, Pa.

**A Preliminary Study of Schizophrenic Women Who Murdered Their Children.**

Browne, W. J.; Palmer, A. J.

*Hospital and Community Psychiatry* 26(2):71, 75, February 1975.

Nine schizophrenic women who murdered 1 or more of their children were found to be preoccupied with suicide both before and after the murder. After the murders they were profoundly depressed, which indicated their strong guilt feelings; 6 women again attempted suicide approximately 1 year from the date of their child's death. Seven of the women came from broken homes. In 4 cases, the patient's father left the home when the patient was approximately the same age as the child she later murdered. The fathers of 6 women were alcoholics; 3 of these women had alcoholic spouses. The women had experienced marked trauma because of problems with their sexual identity. Several of the women seemed to feel that by killing their child, they were taking revenge on their husbands. All of the women felt that they were saving their child from some pain or unhappiness by murdering them. This was implicit in the 7 drownings, immersion in water being symbolic of rebirth and salvation. Postpartum depression or feelings of rejection toward the children sometimes signalled the onset of a schizophrenic reaction of hostility toward children. Reaction formation to hostile wishes may be manifested by excessive overconcern for or overprotection of the child. A further degree of hostility may result in neglect of the child's health, or ultimately, murder. 3 references.

## CD-01435

Oregon Univ., Portland. Child Psychiatry Clinic.

**Incest: Children at Risk.**

Browning, D. H.; Boatman, B.

*American Journal of Psychiatry* 134(1):69-72, January 1977.

In a study of 14 cases of incest seen over a 14-month period in the Child Psychiatry Clinic at the University of Oregon Health Sciences Center, the typical family profile was that of a chronically depressed mother, an alcoholic and violent father or stepfather, and an eldest daughter who was forced to assume many of her mother's responsibilities, with ensuing role confusion. Several children were in some way defective (handicapped, retarded, born out of wedlock), which may have added to their vulnerability. The mothers and daughters in the more prevalent father-daughter incest group were receptive to treatment. Such families can benefit from more supportive help when the incest is discovered. Physicians need to become aware of the prevalence of incest and be alert to the possibility in these high-risk families. Characteristics and sequelae of the 14 cases are also tabulated. 18 references.

## CD-01436

California Univ., Los Angeles. Infant Studies Project.

**Focus on Maternal Behavior in Infant Intervention.**

Bromwich, R. M.

*American Journal of Orthopsychiatry* 46(3):439-446, July 1976.

In an approach to infant intervention, a 6-stage maternal behavior progression is outlined and its use as a schema for the assessment of parental behavior in parent-infant interaction is described. Three major assumptions underlie this intervention model: infant-mother interaction is a reciprocal process; the prime requisite for the infant's optimum development is a mutually satisfying relationship; and the mother gains competence as she enjoys her baby's responsiveness to her successful efforts in motivating growth-promoting activities. The 6 levels of maternal behavior include enjoyment of the infant; sensitive observation of the infant; mutually satisfying interaction that provides opportunity for the development of attachment and the beginning of communication; an awareness of materials, activities, and experiences suitable for the infant's current stage of development; initiation of new play activities and experiences based on the same principles as activities and experiences suggested to or modeled for the mother; independent generation of a wide range of developmentally appropriate activities and experiences. In the assessment schema, the first 3 levels are referred to as the affective base; the first 4 levels are used to assess the mother-infant interaction in any family; and levels 5 and 6 assume a situation in which the mother is exposed to modeling or other kinds of specially structured learning opportunities. Use of the schema is illustrated in 2 cases from an intervention program for high-risk infants. 6 references.

## CD-01437

**A Case of Prepartum Psychosis and Infanticide.**

Bucove, A. D.

*Psychiatric Quarterly* 4(2):263-270, 1968.

While severe depression and other psychiatric symptoms are commonly considered as postpartum sequelae, clinical evidence exists that 14 percent of such cases have their onset during pregnancy. The case of a 36-year-old military wife is presented as an example of prepartum psychosis and infanticide. The patient came to psychiatric attention shortly after learning of her third and unwanted pregnancy. Her condition was characterized by somatization, passivity, dependency, and lack of motivation for personality investigation or change with severe residual incapacity. She could not adequately care for either of her 2 sons, a 7 year old and an infant. The patient was briefly institutionalized for chronic schizophrenia, a diagnosis which subsequently changed to passive-dependent personality. Six weeks prior to the expected birth of the third child, the



woman requested sterilization. This request was denied by the sterilization board due to fears that such an operation would further impair her self-image. Shortly thereafter, the woman shot and killed her youngest son and wounded herself. After delivery the patient showed some interest in her newborn and exhibited superficial socialization plus excessive emotions at trivial remarks. The patient did not acknowledge the death of her son unless confronted directly. Infanticide is viewed as the consummate act in a suicidal drive generated by feelings of extreme inadequacy and an inability to raise children. Sterilization must be considered as a viable option in such cases due to the malignant effect of such emotional disturbance on children and due to the inability of emotionally disturbed persons to use contraceptives. 14 references.

**CD-01438**

Indiana Univ., Indianapolis. School of Nursing.  
**Factors Contributing to Child Abuse.**

Bullerdick Corey, E. J.; Miller, C. L.; Widlak, F. W.  
*Nursing Research* 24(4):293-295, July-August 1975.

Demographic and medical data were collected from 48 children to age 6 years who had been hospitalized for child battering and compared with similar data from 50 children hospitalized for other reasons. The average age of the battered children was 15.5 months. The sex of the battered children was evenly distributed. The abused children were neither more nor less likely to have brothers or sisters than the control children. Almost all of the abused children with siblings had battered siblings, while none of the nonabused children had battered siblings. Most of the mothers of abused children were married; this proportion was not significantly different from that of the parents of nonabused children. Battered boys were abused by their mothers in 7 of the 10 cases for which this information was available, while battered girls were abused by their mothers in 5 of 10 cases. Prematurity and extended post-natal hospitalization were not encountered more frequently among the abused than the nonabused children. 16 references.

**CD-01439**

Bureau of Medicine and Surgery (Navy), Washington, D.C.

**Child Advocacy Program.**

Bureau of Medicine and Surgery (Navy), Washington, D.C., BuMed Instruction 6320.53, 8 pp., February 4, 1976.

This document describes the policies and guidelines for the establishment and maintenance of a child advocacy program within the Navy Medical Department. A Central Child Advocacy Committee will be established to be responsible for overseeing the functioning of the Child Advocacy Program throughout the Navy. It will also establish and maintain a central registry of confirmed cases of child abuse and neglect, perform case counting and incident rate analysis, and make recommendations for prevention of child abuse and neglect. Commanding officers of naval

medical facilities will establish a program at their level, establish a Child Advocacy Program Committee, and appoint a child advocacy representative. The Committee is to be multidisciplinary in make-up, and include representatives from the medical, social work, psychiatric, nursing, judicial, religious, and legal professions. Responsibilities of the Child Advocacy Program Committee and the child advocacy representative are detailed, and the method of reporting information to the committee or the representative is outlined. The procedures to be followed for medical examinations and reports in cases of suspected child maltreatment are presented.

**CD-01440**

State Univ. of New York, Stony Brook. School of Nursing.

**An Area for Concern -- A Study on Identification and Reporting by Mandated Sources in Cases of Child Abuse and Neglect in Suffolk County.**

Burns, A.; Feldman, M.; Kaufman, A.; Stransky, P.  
Setauket, N.Y., Edmond Publishing Co., 39 pp., 1973.

Personnel in 6 hospitals serving Suffolk County (New York) and personnel in the Suffolk County Departments of Public Health and Social Service were interviewed to evaluate child abuse and neglect reporting methods and procedures in the county. The questionnaire which was utilized was adapted from a study conducted in New York City by the Mayor's Task Force on Child Abuse and Neglect in 1969. Information was solicited on specific numbers of cases of abuse and neglect; methods of identification of these cases; hospital or agency's policy on abuse and neglect cases; attitudes toward the abused child and his parent; attitudes of hospital personnel toward the Department of Social Service; treatments services offered; legal aspects; and available education on child abuse and neglect. The criteria used for identifying an abuse or suspected abuse case varied for each individual. Most hospitals did not have a policy for delineating guidelines in suspected cases. Hospital personnel had hostile attitudes toward abusing parents or guardians while health and welfare workers were more realistic in their approach. There was little cooperation between the various agencies. Although there was a general consensus of opinion among all personnel that parents and children should undergo psychiatric consultation, these services were not readily available or accessible through the hospitals. The Department of Social Service often felt hampered by the court system. Knowledge in the area of child abuse and neglect as a health and social problem was found to be inadequate and inaccurate. 21 references.

**CD-01441**

Burt Associates, Bethesda, Md.

**The Comprehensive Emergency Services System: Expanding Services to Children and Families.**

Burt, M. R.

*Children Today* 5(2):2-5, March-April 1976.

A discussion covers the implementation of and services offered by the Comprehensive Emergency Services (CES) System in metropolitan Nashville and Davidson County, Tennessee. Four basic objectives were met by the program at a time when case complaints and referrals had increased by 92 percent: (1) the number of neglect and dependency petitions was reduced through careful screening; (2) the family was conserved whenever possible; (3) children were placed in stable environments; and (4) the system was operated efficiently. A National Center for Comprehensive Emergency Services was established to help other communities implement a similar system. Recommendations for ensuring an efficient CES system include (1) establishment of a coordinating committee representing all agencies; (2) periodic program evaluation and annual publication of evaluation results; (3) incorporation into local laws of mandatory reporting requirements for all professionals dealing with children and facilitation of the reporting process; (4) filing petitions when obstructive parental resistance is met, with hearings scheduled 2 weeks later; (5) using minimum detriment to the child as a major decision-making criterion; and (6) coverage of prospective child needs. 5 references.

**CD-01442**

Burt Associates, Inc., Bethesda, Md.

**Final Results of the Nashville Comprehensive Emergency Services Project.**

Burt, M. R.

*Child Welfare* 55(9):661-664, November 1976.

Results of a comprehensive emergency services project in Nashville, Tennessee, are summarized. Four types of emergency services for neglected, dependent, and abused children were established: a 24-hour, 7-day-a-week emergency intake service; emergency caretaker service; emergency homemaker service on a 24-hour basis during crises; and emergency foster homes. These services were complemented by the establishment of 3 programs independent of the Department of Public Welfare: a Salvation Army family shelter; availability of space in the local child shelter for older abused or neglected children; and cooperation of the Juvenile Court's Protective Services Unit with the Department on decisions involving removal of a child from his home. Statistics from the program year 1969-70 are compared to those for program year 1973-74, and indicate that program objectives were met at a substantial reduction in cost.

**CD-01443**

Makah Child Development Center, Neah Bay, Wash.

**Makah Child Development Center. Progress Report. January 1975.**

Butterfield, M. J.

Makah Child Development Center, Neah Bay, Wash., 13 pp., January 1975.

Efforts of the Makah Child Development Center, which is operated by the Makah Indian Tribe in Washington and

supported with federal funds, are briefly outlined. Coordination of those social service agencies and service units involved with families where child abuse or neglect has occurred has been the most active part of the project to date. Agencies involved include Head Start, day care, the Indian Health Unit, law enforcement, the local school, Washington State Department of Social and Health Services, the Makah Tribal Council, and the Bureau of Indian Affairs. Progress in effective treatment, early warning, rapid detection, and prevention programs is discussed. A 3-step treatment methodology has been developed to include initial contact, meeting with parents, and referral to appropriate agencies. Although there is no group mandated to monitor interagency communication, regular meetings of all agencies involved in a case are held and services in the areas of emergency food, clothing, and employment have been developed. To promote rapid detection, parent education classes are being developed and the first session of a parent discussion group has been held. A reporting system is being developed and law enforcement officials are in training to implement it. The design of prevention programs is briefly discussed.

**CD-01444**

Alabama Univ., Tuscaloosa. School of Social Work.

**Institute on Child Neglect and Abuse Curriculum Guide.**

Cain, M. W.

Alabama Univ., Tuscaloosa. School of Social Work, 235 pp., 1975.

The Institute on Child Neglect and Abuse is an example of continuing education programs offered by the University of Alabama. It was designed to meet the needs of family and children's service supervisors in the state public welfare agency. The materials in this curriculum guide for the Institute may serve as a model for staff development specialists. The program is administered over a total training time of 3 weeks. Four areas are covered during the first week: attitudes toward child abuse and neglect; national scope and overview of the program; characteristics of parents, children, and families; and intake and early contacts. Case assessment, treatment, and prevention, and the meaning of and indicators for placement constitute the curriculum for the second week. The third week is devoted to the use of the courts, types of placements, and resources. The chapter for each week is organized by days as follows: objectives, methodology, and materials used. Pertinent comments and observations over each week's experiences are found at the end of the chapter. A separate appendix for each week contains the reading references.

**CD-01445****Optimal Child-Rearing Environments.**

Caldwell, B. M.

In: Westman, J. C. (Editor). Proceedings of the University of Wisconsin Conference on Child Advocacy. Wisconsin Univ., Madison. Extension Health Sciences Unit, pp. 77-93, 1976.

The design of optimal child-rearing environments is discussed in terms of the characteristics of such environments, evidence that they relate to development, and where they can be found. The first requirement is provision for gratification of all physical needs and for health and safety. There should be frequent contact with adults of both sexes, and the emotional climate should be constant so that the child can learn to trust. Recognition and acceptance of individual differences are important, as well as a high level and pattern of need gratification, varied and patterned sensory and informational input with an appropriate intensity range, and rich and varied cultural experiences. The child's exploratory behavior should not be unduly restricted, and the physical and temporal environment of the child should be carefully organized. There should be a gradual exposure to and participation in the world of work. Children should be allowed to share their talents and skills without experiencing destructive criticism. There should be some overlap between the different environments in which the child is expected to function. Adults in the optimal environment for children should find interaction with the children satisfying and rewarding. Evaluations of home environments have been shown to correlate with the results of the Stanford-Binet. The importance of considering the characteristics of the optimal environment for childrearing as one aspect of any program of child advocacy is emphasized. 3 references.

**CD-01446**

Mount Zion Hospital, San Francisco. Dept. of Psychiatry.  
**The Hostility of Parents to Children: Some Notes on Infertility, Child Abuse, and Abortion.**  
 Calef, V.

*International Journal of Psychoanalytic Psychotherapy* 1(1): 76-96, February 1972.

This study is based primarily on 4 cases. Infertility, child abuse, and abortion are considered manifestations of hostility on the part of mothers toward their children, and all share certain psychological meanings and mechanisms. In most instances, the destructive overt behavior is carried out without conscious guilt, though secondary guilt is evident. The behavior itself is usually denied and rationalized. The crime against the child is often carried out to expunge or hide a more serious, unconscious crime. The central unconscious fantasy is that of infanticide, to hide or undo an oedipal crime. The child is the incestuous offspring of a fantasied union between the patient and her father. As for abortions, they have short- and long-term consequences. Among the former are externalization of guilt onto the husband and doctors, and feelings of condemnation and narcissistic hurt from them. This promotes the use of denial which ultimately impoverishes the ego and creates vulnerability to depressions. Such patients are difficult to treat, and treatment is impossible if the therapist has aided in the abortion. The findings of this study demonstrate the need to seriously evaluate psychological factors when considering abortions. 4 references.

**CD-01447**

California State Health and Welfare Agency, Sacramento.  
 Dept. of Social Welfare.

**Statistical Report on Specialized Child Protective Services.**  
 California State Health and Welfare Agency, Sacramento.  
 Dept. of Social Welfare, 1973-3, 180 pp., December 1973.

Comprehensive statistical information from 1972 operations of the California Specialized Child Protective Services Program are presented in 2 parts. Part I consists of statewide information describing referral movement, referral source, reasons for referral, caseload movement, numbers and types of services provided, and reasons for closing. Part II details this information by county. During the year, 43,113 families were referred for special child protective services, and 74 percent accepted for services. The welfare department was the most important referral source, followed by schools, neighbors, a member of the family, a relative not living with the referral family, and law enforcement agencies. General neglect was the reason for referral for almost 75 percent of the cases while physical abuse was the reason for about 13 percent. Sexual abuse was the reason for 2.8 percent of the cases. Of the family cases rejected for services, the reason for rejection of the referral in 38 percent of the cases was because the family was referred to another agency. Seventy-one percent of the families accepted during the year were receiving public assistance. Of the total services provided during the year, 40 percent involved the utilization of community resources, while 20 percent involved other welfare assistance. Seven percent of the services resulted in the child being placed in foster care, while 5 percent involved a volunteer or case aids. Of the cases closed during the year, almost 50 percent were closed because the family situation was stabilized, and more than 25 percent of the cases were closed because they were referred to another agency. In about 4 percent of the cases, the child was removed from the home.

**CD-01448**

**Residential Treatment for Youth: A Bicentennial Consideration.**

Callan, J. E.

*Journal of Clinical Child Psychology* 5(3):35-37, Winter 1976.

The history of residential care facilities for needy children and adolescents in the United States is recounted, and the current status of such facilities and their deficiencies are discussed. The New York House of Refuge was established in 1825 as the first youth reformatory in the United States. Such houses of refuge gradually progressed to reform schools, industrial schools, and then to training schools, with a definite trend away from the earlier practice of incarcerating homeless youth with criminals and the mentally ill. During the 1940s, examination of training schools revealed appalling conditions, and as late as 1972, conditions in residential centers for the mentally retarded were described as hazardous to psychological integrity, health, and in some cases, even life. The per diem costs in

the United States for the care of institutionalized children ranged from \$3 to \$12 in 1967, compared to \$7 per day for large animal care in a zoo. Although exact figures are not available, it is clear that an urgent need for care exists in the United States for thousands of children. The gap between the quality of care available and the knowledge concerning what is needed is dramatic. Although the cost for adequate care for children may be high, it may represent a considerable savings when compared to the cost of life-long support, treatment, or even incarceration in later life. 12 references.

**CD-01449**

London Hospital Medical Coll. (England).

**The Battered Baby.**

Cameron, J. M.

*British Journal of Hospital Medicine* 4:769-777, December 1970.

Child abuse is a problem which demands the attention of medical, social, and legal personnel. Medical education is deficient in training regarding the handling of victims of child abuse; less than one-third of the battered children seen by physicians are reported to the authorities. Although the clinical findings are variable, the syndrome should be considered whenever a child exhibits evidence of possible trauma or neglect; typical injuries include fractures, subdural hematoma, multiple soft tissue injuries including laceration of the mouth, poor skin hygiene, or unexplained malnutrition. The physician should also be aware of discrepancies between clinical findings and the past history as given by the parents. Unusual findings should be supplemented by a radiographic skeletal survey. While a definitive psychopathic or sociopathic type for the abusing parent does not exist, a defective parental character structure, an unwanted pregnancy, or untimely pregnancy may characterize the abusive family environment. Regardless of the physician's reluctance to become involved in battering cases, his moral and professional obligation is to the well-being of the child. Without proper investigative follow-up, at least 60 percent of reported cases of child abuse are at risk of further injuries or death. 25 references.

**CD-01450**

Canadian Mental Health Association, Montreal (Quebec).

**The Legal Rights of Children.**

Montreal, Canadian Mental Health Association, 144 pp., 1974.

Children have traditionally belonged to a low priority, powerless class. In the light of available resources, society has neglected children, as evidenced by stunted growth, infant mortality, physical and mental handicaps, mental illness, and behavioral maladjustments. The present status of children demands a review of priorities and concerted activity in the area of child and family advocacy. The legal position of the child in relation to his parents, family unit, and society is reviewed along with the social implications

of children's rights, the circumstances surrounding the handicapped child, and the integration of the child into the adult world.

**CD-01451**

Family Service of Detroit and Wayne County, Mich.

**Family Life Education: A Treatment Modality.**

Cantoni, L.

*Child Welfare* 54(9):658-665, November 1975.

Family life education can be effective for many groups, including parents of emotionally or physically abused children, prisoners with marital problems who are soon to be released on parole, or unmarried pregnant girls. These groups are always voluntary and do not involve a preliminary workup or a professional recommendation. At the initial session, each member fills out a fact sheet and is asked to tell the group what problem brought him to the meeting. The aim of the meeting is to show the participants that there are other ways of looking at their problems and, through the leader's modeling role, that the effective parent is one who listens. Goals are developed utilizing each individual's major strengths in the general problem area in such a way that these goals can be realized within the next five sessions. A major emphasis is teaching a problem solving method. The last session is devoted to termination of the process and is designed to show the participants how to handle separations and experience the end of sessions as an accomplishment. 4 references.

**CD-01452**

Northern Arizona Univ., Flagstaff. Dept. of Psychology.

**Comparison of Child Abuse Parameters for the State of Arizona From 1971 to 1975.**

Caplan, L. D.

Master's Thesis. Northern Arizona Univ., Flagstaff, 54 pp., April 1976.

Various parameters involved in child abuse studies in Arizona during the period 1971-1975 were explored to determine if they had significantly changed over time. The particular parameters were the number of cases reported, the number of children actually referred from each case, the total number of cases reported, the number of children actually referred from each case, the total number of children in the family, the referral source, sex of the child, age of the child, ethnicity, placement in shelter or foster care, number of petitions filed, the case situation, the type of abuse, marital status of the abuser, and relationship of the abuser to the child. Cases that came to the attention of the Arizona Department of Economic Security were studied. A correlational research design was utilized and categories from statistical summary sheets used by the Phoenix Department of Economic Security were submitted to chi-square tests of independence and goodness-of-fit tests. All tests of independence were significant and all goodness-of-fit tests were significant with the exception of sex of the child for the years 1972, 1974, and 1975; case situation during 1973; placed in shelter care for 1973 and 1975;

and petitions filed for 1972 and 1974. This would imply overall significant changes in child abuse parameters; however, the data were taken from statistical summaries so that in many cases data were not uniformly available. With more standardized data, this type of research could prove useful for predicting abusive situations or potential abusers. 21 references.

**CD-01453**

British Columbia Univ., Vancouver. Dept. of Pediatrics.  
**Relationships of Head Injury and Child Abuse.**

Carter, J. E.; Gayou, R.

*British Columbia Medical Journal* 18(2):50-52, February 1976.

A study of the relationship of head injuries to child abuse was undertaken in Vancouver hospitals. Of 284 admissions of children less than 4 years old for serious head injuries resulting from causes other than motor vehicle accidents, 30 were judged to be caused by child abuse. In 2 cases, abuse was confessed, and in a further 9 there was no question that abuse had occurred. In the remaining 19 there was a very high index of suspicion, based on unreliable or inconsistent history or corroborative physical findings. Six illustrative cases are briefly presented. The importance of the history is underscored. The mean age of the abused children was 12.8 months while that of nonabused children was 20.7 months. Subdural hematoma occurred in 7 of the 30 abused children, but in only 1 of 118 cases considered to be from legitimate injury. Only half of the cases were referred to a social agency for follow-up. 16 references.

**CD-01454**

State Univ. of New York, Brooklyn. Downstate Medical Center.

**Pelvic Inflammatory Disease. Rare Sequelae of Battered-child Syndrome.**

Caruso, P. A.

*New York State Journal of Medicine* 75(13):2405-2406, 2415, November 1975.

An unusual case of sexual molestation symptomatic of nonspecific vulvovaginitis and culminating in pelvic inflammatory disease is presented. The 18-month-old girl was admitted to the hospital because of vomiting, fever, and painful urination of several days duration. An acute abdominal condition was diagnosed and she underwent a right salpingo-oophorectomy and coincidental appendectomy for pelvic inflammatory disease with abscess formation. The final pathologic report was acute hemorrhagic salpingitis and perisalpingitis with chronic peritonitis. Some weeks later the medical record from another hospital indicated that the patient had been born prematurely. At age 7 months, she was readmitted with a presumptive diagnosis of battered child syndrome and 4 months later she was seen as an outpatient because of vaginal bleeding. Both labia and the hymen revealed lacerations, although there was no history of trauma. One month prior to her

surgery she was seen in the same outpatient department because of vulvular swelling and excoriation of the external genitalia for which symptomatic treatment was prescribed. The importance of bearing in mind the possibility of sexual molestation and rape in such cases is emphasized. 2 references.

**CD-01455**

Migrant Legal Action Program, Inc., Washington, D.C.

**The Requirement of Appointment of Counsel for Indigent Parents in Neglect or Termination Proceedings: A Developing Area.**

Catz, R. S.; Kuelbs, J. T.

*Journal of Family Law* 13(2):223-244, 1973-1974.

The modern trend of state and federal court case law in recognizing the right to counsel, at state expense, of indigent parents faced with a proceeding to terminate parental rights is discussed. Developments in this area of the law reflect the proposition that the Due Process and Equal Protection Clauses of the Fourteenth Amendment require that an indigent parent in a child neglect or parental rights termination proceeding be afforded counsel at no cost, and also that the parent be advised of this right in such proceedings. Because the right to be a parent is a fundamental aspect of personal liberty, and the legal consequences of neglect proceedings are both grave and lasting, the due process clause logically requires the appointment of counsel to indigents. Classifications made to support a valid state purpose and which are reasonably related to such purpose meet the constitutional standard of equal protection. Conservation of public resources, however, is not a compelling state interest. The states must consider the parent's interests at stake and the overwhelming need of the parent for counsel. Numerous references.

**CD-01456**

Children's Hospital and Health Center, San Diego, Calif.

**Child Abuse.**

Chadwick, D. L.

*Journal of the American Medical Association* 235(18):2017-2018, May 3, 1976.

The stigma surrounding child abuse is such that those who commit it are seldom motivated to discuss the problem with others. The medical profession has yet to give significant recognition to the problem by offering appropriate training as a mandatory feature of medical education. Physicians should suspect injuries in infants less than 1 year old. Suspicions should be checked out by consulting with child abuse specialists if necessary; conclusive determination with consultants can be made in approximately 95 percent of cases. The reporting of suspected nonaccidental injuries is required by law in every state. Apart from the immediate responsibility of medical care, a physician should be attuned to possible dangers in the future. Similarly, ideal treatment extends to understanding the family and facilitating the therapeutic involvement with social workers, policemen, psychiatrists, and other professionals.

The physician can play a significant role in helping the community understand and initiate preventive measures against child abuse. 2 references.

**CD-01457**

Regional Inst. of Social Welfare Research, Inc., Athens, Ga.

**An Organization Development Intervention Model for Social Planning and Community Development.**

Chamberlain, W. A.

Regional Inst. of Social Welfare Research, Inc., Athens, Ga., 52 pp., 1977.

The Regional Institute of Social Welfare Research has developed and tested a specific adaptive planning model for general social planning and community development applications. The model integrates proven organization development techniques into a step-by-step procedure that facilitates the organization of decision-makers into groups working toward collaborative goals. The model is a heuristic process involving 3 interacting dimensions: a systems rationality set; individual-organizational value set; and planning activities set. Seven planning stages are described: entry, needs assessment, negotiation, diagnosis, action, systems change, and synthesis and maintenance. Social planning and community development involve complex interaction among resource providers, technology developers, direct service providers, and service system supporters. When the model is applied in a social planning or community development context, the consultant's activities are equally focused on issues of techno-structural change and patterns of human interaction, with emphasis on the latter.

**CD-01458****Children and the Law.**

Chandler, C. B.

*Practitioner* 213:335-344, September 1973.

A survey of the legal status of children under English law indicates that all persons under the age of majority and defined as infants suffer from legal incapacity. Infants, consequently, cannot vote, cannot own property in their own name, and cannot enter into binding contracts. Further, there is an irrefutable presumption that a child under the age of 10 years is incapable of committing a criminal offense. Before a child between the ages of 10 and 14 can be found guilty of a criminal offense, the prosecution must satisfy the court that the child knew right from wrong. All persons under the age of 17 years are dealt with by the juvenile court. Juveniles who need treatment or support may be made the subject of supervision orders, attendance center orders, care orders, detention center orders, or orders for borstal training. Criminal law gives special protection to children by making it an offense for a person to commit certain acts affecting or involving children, including neglect, abuse, needless exposure to risk, or sexual acts. However, the court has very limited powers to conduct its own inquiry and to call for any rele-

vant evidence beyond social and medical reports in cases of physical or psychological child abuse. The court can order separate counsel for children in such cases. In spite of promising legislative efforts, reform has been slow in law concerning children.

**CD-01459**

California Univ., Berkeley. Maternal and Child Health Program and Family Health Program.

**Child Abuse and Neglect: Physicians' Knowledge, Attitudes, and Experience.**

Chang, A.; Oglesby, A. C.; Wallace, H. M.; Goldstein, H.; Hexter, A. C.

American Public Health Association Annual Meeting. Chicago, 25 pp., November 17, 1975.

A nationwide mail questionnaire study was undertaken to determine the current knowledge, attitudes, and experience of U.S. physicians concerning child abuse and neglect. Random samples of pediatricians, radiologists, and physicians in an 'other' category were used to solicit responses. More than half of the responding pediatricians reported that they had attended a course on child abuse and neglect within the last 3 years, while one-fifth of the radiologists and other physicians reported attendance at some point in the past. Almost 9 out of 10 pediatricians and significantly fewer radiologists and other physicians felt well acquainted with legal reporting requirements. Three quarters of the respondents from each type of physician believed that the majority of the 3 types of physicians in the community were also well acquainted. Only a small percentage of the respondents claimed knowledge of the local incidence of child abuse. Most physicians responded that fellow practitioners should report suspected or diagnosed cases of abuse or neglect; however, few cases were reported in actual practice. General concurrence was evident on the right of a court or agency to remove a child from his home, the existence of mandatory reporting laws, and an overall trend to increased public awareness. One-third of the respondents perceived their role as always including counselling parents; the remainder reported that their role always involved referrals to other agencies. Relatively few respondents in each classification were directly involved in specific abuse and neglect-related community activities. Physicians appeared to have limited personal and professional experience with the problems. 18 references.

**CD-01460**

South Carolina State Office of the Governor, Columbia. Office of Child Advocacy.

**Organizing Periodic Review in Foster Care: The South Carolina Story.**

Chappell, B.

*Child Welfare* 54(7):477-486, July 1975.

During the last 4 years in South Carolina, 6 major organizations encouraged community interest in obtaining permanent homes for children in foster care: the American Civil

Liberties Union, the South Carolina Council for Human Rights, the South Carolina League of Women Voters, the Midlands Chapter of the National Association of Social Workers, the South Carolina Youth Workers Association, and Helping Hands of Aiken County. As a result of lobbying by the organizations, the State Legislature passed bills setting up 3 major child welfare programs for: (1) broader involuntary termination of parental rights; (2) a statewide foster care review board system; and (3) subsidized adoption. A 1962 law allowed parental rights to be terminated involuntarily if the parent had voluntarily abandoned a child for 1 year, but in 1972 the public agency responsible for protective services in South Carolina declared the 1962 law as vague regarding the definition of abandonment and the law was subsequently clarified. In 1974 a statewide foster care review board system was legislated by the South Carolina General Assembly. Five members make up each local board, and duties include expediting the permanent placement of children either with the natural parents or with a foster family, and a 6-month judicial review of all cases of children in foster care. In 1974 an adoption subsidy program covering all hard-to-place children was enacted. Establishment of these laws illustrates the power of interested community groups in bringing about constructive change. 18 references.

**CD-01461**

Colorado Univ., Denver. B. F. Solinsky Lab.

**Undernutrition and Child Development.**

Chase, H. P.; Martin, H. P.

*New England Journal of Medicine* 282(17):933-939, April 23, 1970.

Nineteen children diagnosed with undernutrition during the first year of life at Denver General Hospital between 1962 and 1967 were compared with a control group matched for socioeconomic status, birth date, weight, sex and race. The Yale Revised Developmental Examination, Boston-Iowa Growth Grids, Denver Developmental Screening Test, Wechsler Adult Intelligence Scale vocabulary test, Home Stimulation Inventory Scale, and San Mateo County Family Social Functioning Scale were used to assess child development, maternal states, and parent-child interactions of the 2 groups at 3-4 years of age. The undernourished group was found to be lower in height, weight, head circumference, and developmental quotient. Impairment of physical and mental development appeared to correlate with the duration of undernutrition during the first year. Nine children treated in the first 4 months of life showed mean developmental quotients which approached that of controls. In 10 children with undernutrition after 4 months of age, low indexes for height, weight, and head circumference were consistent; the mean developmental quotient was 70 (99 for controls). Social factors associated with undernutrition include paternal separation, alcohol-related problems, inadequate income, and large families. In several patients similarities to child battering were evident; the consequences to mental development are just as severe as from physical abuse. The multifactorial aspects of this

deprivational syndrome demands a clearer course of social as well as legal management. 23 references.

**CD-01462**

Manchester Univ. (England). Dept. of Sociology.

**The Social Contexts of Violence.**

Chatterton, M. R.

In: Borland, M. (Editor). *Violence in the Family*. Atlantic Highlands, N.J., Humanities Press, Inc., pp. 26-49, 1976.

The perspective of the observer in regard to an act of violence, especially abuse to a child, is as important as the perspective of the person who commits the assault. This is of particular significance for police officers, whose background may be the key to decisions made regarding someone's appearance before the judiciary. Understanding the labelling process is essential to any study of deviance, including violence. In many cases, where the degree of injury is not serious and there appears to have been some provocation for the action, the officer tends not to report the case even if it is a case which would be amenable to social service intervention. More coordination with other agencies could help officers understand that reporting such a crime would be a form of assistance rather than harassment. However, before the policeman is willing to refer to social services, he must first be convinced that these services make an effective contribution and can achieve more than his traditional approach can. 35 references.

**CD-01463**

Arizona State Univ., Tempe. School of Education.

**A Descriptive Study. Undergraduate University Students Identifying Themselves With Dysfunctional Rearing Patterns as Measured by the Family Relations Survey.**

Chavez, G. T.

Arizona State Univ., Tempe. School of Education, 48 pp., May 1976.

An attempt to identify university undergraduates who were subjected to maltreatment as children was made through the use of an instrument called the Family Relations Survey. The survey, which was administered to 50 students at Arizona State University, was based on dysfunctional rearing characteristics as defined by Helfer's "World of Abnormal Rearing" cycle. High scores on the survey indicated that many of the sample did identify themselves with a significant number of dysfunctional rearing characteristics. Although a greater and more varied sample of the population is necessary to help validate the instrument, the survey appears to be useful as a basis for measuring the degree of dysfunctional rearing in other subjects as well. Expansion of this type of study to determine what kinds of experiences enable persons who have been subjected to maltreatment as children to overcome those influences and live normal lives is recommended. A detailed description of the survey instrument and methods of analysis is included, along with a review of relevant literature. 20 references.

**CD-01464**

Child Welfare League of America, New York, N.Y.  
**Child Neglect and Abuse -- Current Status and Future Directions of Protective Service for Children.**  
 Prepared for: Office of Child Development (DHEW), Washington, D.C., 32 pp., May 1973.

The general nature of child abuse and neglect is reviewed; the effectiveness of current means of dealing with the problem are analyzed; and several recommendations for attacking the phenomenon are proposed. After a definition of the problem, the characteristics of neglectful and abusive parents are described and the effect of reporting laws is examined. A brief summary of research conducted during the last decade is presented. Services are assessed in 2 categories: the child protective agency and special programs for abusing parents. Enacted and proposed federal legislation of 1962, 1967, and 1973 are summarized. Successful treatment of neglectful and abusing parents has not been fully demonstrated; inadequate funding and staffing are seen as the most frequent barriers to effective services. Areas in need of attention include dealing with community problems; preventive services for families at risk; early identification of neglectful and abusive families; adequate protective services; research; the rights of children; staff training; a model statute on child neglect; insuring the quality of service; and financial support.

**CD-01465**

Child Welfare League of America, New York, N.Y. Foster Parent Project.  
**Directory of Foster Parent Associations.**  
 New York, Child Welfare League of America, Inc., 46 pp., August 1972.

This directory lists by state and province the Foster Parents Organizations in the United States and Canada. In addition to the area served, information provided includes the address, the name and address of the president, the number of meetings per year, the approximate number of members, the agency affiliation, the name and address of the agency liaison, and the activities of the organization.

**CD-01466**

Children's Bureau (DHEW), Washington, D.C.  
**Legislative Guides for the Termination of Parental Rights and Responsibilities and the Adoption of Children.**  
 Children's Bureau (DHEW), Washington, D.C., 61 pp., 1968.

Constructive, workable solutions to problems encountered in daily practice are presented in a guide designed to assist state welfare agencies in drafting provisions for termination of parental rights and adoption legislation. The material was developed as the result of a national ad hoc interdisciplinary meeting and a series of legislative workshops involving legal and social work experts from the various federal regions. The topics discussed include fundamental legislative principles, court proceedings, procedural pit-

falls, and suggested language. Recommendations blend social policies with legal and judicial concepts; social welfare agencies share with courts, lawyers, and others a responsibility to help strengthen family life and the parent-child relationship. Throughout the guidelines, emphasis is on individualization in the exercise of administrative and judicial discretion. In addition, the value of a nonadversary approach to termination and adoption is recognized. Numerous references.

**CD-01467**

Children's Hospital Medical Center, Boston, Mass.  
**Family Development Study. First Annual Report.**  
 Children's Hospital Medical Center, Boston, Mass., 121 pp., August 1973.

The Family Development Study began as a descriptive epidemiological study of the social illnesses of children and was integrated with a controlled investigation of the most productive avenues for therapeutic intervention. A case-control study format utilized failure to thrive, child abuse and neglect, pica and lead poisoning, and accidents as target diagnoses. Data were collected via tape-recorded interviews over a 5.5 month period. A set of problem scores was developed to uncover common etiological bases in family and social situations in cases of abnormal ingestion, failure to thrive, and child abuse and neglect. Among inpatients, 4 problem scores distinguished cases from controls: (1) problems in the mother-child relationship; (2) household and marital instability; (3) problems in the mother's life history; and (4) child health problems. Ongoing intervention approaches include the Family Development Clinic, the Trauma X Conference, an advocacy program, and a parent education program. The Family Development Clinic provides primary medical care, service coordination, evaluations for medical support, family crisis counseling, and some welfare services. The Trauma X Conference is an interagency, multidisciplinary, community oriented, hospital based group, which assists in the diagnosis, intervention, and follow-up of child abuse cases. The advocacy program identifies and handles family problems on both a short-term and a long-term basis. The parent education component teaches behavioral management principles and how to cope as a Black woman. All aspects of the study are considered in detail.

**CD-01468**

Children's Research Inst. of California, Sacramento.  
**Review, Synthesis and Recommendations of Seven Foster Care Studies in California, 1974.**  
 Children's Research Inst. of California, Sacramento, 60 pp., 1974.

An analysis of 7 studies of out-of-home placement of foster children in California reviews the recommendations for improvement of the state's children's service delivery systems, their management, and their programs. System recommendations include (1) establishment of a single Children's Service Unit; (2) limitation of Juvenile Court and



Probation jurisdiction to serious offenders; and (3) designation of a supervising agency to monitor probation departments. Management recommendations include (1) instruction of counties on eligibility requirements for federal reimbursement of dependents and wards of the Court; (2) close county examination of eligibility for Aid to Families with Dependent Children; (3) a foster care caseload standard; (4) a uniform foster family home rate; (5) information systems to collect evaluatory data; (6) the increase of AFDC Boarding Homes and Institutions program staff; and (7) administrative reform. Program recommendations include (1) immediate case evaluation by the county agency upon receiving a request for out-of-home placement; (2) services designed to preclude removal of the child; (3) services continued to the natural family after the child is removed; (4) careful review of out-of-home placements; (5) revised adoption caseload standards; (6) improved legal services; (7) training programs for foster parents; and (8) improved training needs and programs for child services workers. The establishment of a single, state level unit serving children in need of out-of-home care, to be placed within the State Health and Welfare Agency is highly recommended. The responsibilities of the unit would include planning, operation, and evaluation. 7 references.

**CD-01469**

Utah State Univ., Logan, Dept. of Education.  
**Educational and Psychological Problems of Abused Children.**

Christiansen, J. L.  
Doctoral Dissertation. Ann Arbor, Mich., University Microfilms, 163 pp., 1975.

To determine the degree to which educational and psychological problems were present in a selected population of abused children, the following variables were investigated: (1) frequency of special education placement; (2) need for specialized services; (3) frequency of institutional placement; (4) type and frequency of traits and behaviors which may be indicative of psychological problems; and (5) academic achievement levels. The study population consisted of 138 abused school-age children from a 4-county area who had been referred to the juvenile court. Data were collected from welfare case records and school records. Abused children were found more frequently in special education classes and in classes for the emotionally disturbed and educable mentally retarded than normal children. Placement in these classes occurred more frequently among those who had been sexually abused and least frequently among those with bruises, welts, and scars. The number of abused children who were in state mental institutions was also significant. Academic achievement of the majority of the abused children was below grade level. Many had behaviors indicative of psychological problems. The findings indicate that abused children are likely to have more educational problems than those in the normal population. Recommendations are made for further research and data collection. 114 references.

**CD-01470**

Kansas Univ., Kansas City, Dept. of Pediatrics.  
**A Family Training Program for Abuse and Neglect Families.**

Christophersen, E. R.; Kuehn, B. S.; Grinstead, J. D.; Barnard, J. D.; Rainey, S. K.  
*Journal of Pediatric Psychology* 1(2):90-94, Spring 1976.

A family training program operated by the Kansas State Department of Social and Rehabilitation Services is described. The program is funded by 75 percent federal monies matched with 25 percent community funds. Families referred to the program through the Protective Service Unit of the district office of the Department were divorced, separated, or 2-parent families, and in 3 families, one or more children had previously been removed from the home. Twenty children have taken part in the program. The mean age of the mothers was 28 and of fathers 31. The mean length of education of mothers was 10.5 years and of fathers 12 years. The mean per capita annual income was \$2,850. Intervention was carried out in the natural home by 2 therapists. The program was designed to teach parents to provide the children with a maximum amount of instruction, feedback, and consistent consequences for their behavior. Six points were stressed with the parents: give abundant attention, love, and praise when the child behaves appropriately; teaching and practicing new behavior modes; consistency with each rule; use of "time out" for inappropriate behavior; acting as calm and pleasant as possible; and avoidance of hugging, picking up, or physically loving the child when he misbehaves or immediately after he has been disciplined. A token economy using poker chips was established for children between the ages of 4 and 6, while point cards were used for children over 6. Children were rewarded with tokens for appropriate behavior, and the tokens could be used to purchase privileges. The importance of practicing on the part of the parents was also stressed, so that they could learn more effective parenting skills. Therapists also used feedback to teach alternative parenting skills. Because only 2 of the 12 families have completed the program, it has not yet been evaluated. 19 references.

**CD-01471**

Pacific Lutheran Univ., Tacoma, Wash. Office of Ethnic Studies.

**Child Abuse in Pierce County's Nonwhite Community: A Study of Perceptions and Attitudes.**

Clarke, A.; Menzel, R.  
Panel for Family Living, Tacoma, Wash., 24 pp., May 1976.

An exploratory survey of nonwhites in the Tacoma-Pierce County, Wash., area was conducted in March 1976 to determine their perception of child abuse and neglect in their communities. Questionnaires were administered, and interviews and discussions were conducted with individual nonwhites who were knowledgeable about child abuse. Respondents were asked to give their perception of the extent of the problem, their knowledge of actual cases,

their attitudes toward child abuse and its reporting, their perception of the community's typical response to child abuse and neglect, their personal actions regarding the problem, and suggestions for necessary changes to upgrade services. The sample consisted of 161 subjects; 50 Hispanics, 54 Orientals, 39 blacks, and 18 Native Americans. A majority of the respondents indicated a reluctance to involve the police, were aware of child abuse agencies, and were willing to help upgrade services in their communities. All groups reported higher levels of child neglect than child abuse. Twenty-five percent of the respondents did not believe that the community as a whole suffers when individual families engage in child abuse and neglect. Suggestions are offered to initiate discussions and establish coordination and cooperation between communities and child abuse agencies. 2 references.

**CD-01472**

University of Southern California, Los Angeles. School of Social Work.

**Licensing for Child Care. A Preventive Welfare Service.**  
Class, N. E.

*Children* 15(5):188-192, September-October 1968.

Licensing of child care facilities is primarily a preventive welfare service that is oriented toward the future and is focused on the entire community. Licensing is usually based on cause and effect principles and is interventive in cases where authority is necessary. The preventive value of licensing has been minimized due to misuse and confusion with other services, principally protective services and placement. To guarantee effective licensing, administrative structure and operation must be designed to ensure the scientific validation of standards, to provide for community awareness, to establish effective intervention and enforcement, and to provide proper supervision and consultation. 2 references.

**CD-01473**

Creighton Univ., Omaha, Nebr. School of Law.

**Child Abuse: The Problem of Definition.**

Clements, T. J.

*Creighton Law Review* 8(4):729-742, June 1975.

The question of whether the lack of a precise and limited legal definition of child abuse leads to confusion in reporting and ineffective intervention is discussed. Limiting the definition to serious physical conditions would ensure a consensus of opinion as to the fact of "abuse" and case legislatures and courts to liberalize the rules relating to the investigation and proof of child abuse. Current law is biased in favor of family privacy and presumed parental fitness, though the rights of parents are not absolute. Most states tend to include neglect in their definition of child abuse, although many of the statutes, through such references to "physical injury" caused by neglect, physical neglect, injury by other than accidental means, or the effects of malnutrition, could be construed more narrowly than the broad term "neglect." A reason for a limited

definition of child abuse is to foster protective services and other nonjudicial approaches to the problem of "neglect," "potential abuse," and "inadequate parenting." Abuse is considered to have occurred when a child has sustained a serious physical injury or condition which has occurred by other than accidental means. "Accidental means" is construed with reference to the parental duty to protect the child from a serious injury or condition. The standard for custody should be "reason to believe," not probable cause. Temporary detestation should be provided for children reported as abused. The preponderance of the evidence rule rather than the requirement of proof beyond a reasonable doubt should be the proof standard.

**CD-01474**

Maryland Univ., Baltimore. Dept. of Pediatrics.

**Prevention of Emotional Problems in Childhood: A Philosophy for Child Rearing.**

Clemmens, R. L.; Kenny, T. J.

*Clinical Pediatrics* 16(2):122-123, February 1977.

The Bill of Rights for Children proposed by the Joint Commission on the Mental Health of Children is cited, and the characteristics of particularly well-adjusted children are discussed in relation to the prevention of emotional problems in childhood. Stress is inherent in the human experience, and children should learn to deal with stressful situations. Consistency in the actions of their parents is also important to successful emotional development. The parents of particularly well-adjusted children are not less loving but they are less possessive; they are not less protective but they are less anxious. They tend to allow children their own territorial imperatives and they are more likely to encourage the development of each child's independence, according to the limits of his maturity. The importance of the interaction of the child with his environment and of setting reasonable and consistent limits for child behavior is stressed. 2 references.

**CD-01475**

SCAN (Suspected Child Abuse and Neglect), Little Rock, Ark.

**Caution, Human Beings Live Here.**

Clubbs, R.

SCAN (Suspected Child Abuse and Neglect), Little Rock, Ark., 45 pp., January 1977.

A lecture given by a parent aide at a training session for volunteers who work with abusive families is presented. A panel discussion conducted by a group of lay therapists, and the experiences of several members of Parents Anonymous are also detailed. Experiences that illustrate helpful and practical approaches to carrying out the role of the parent aide are related. Five important abuse dynamics are outlined and discussed: isolation, mistrustfulness, unrealistic expectations of the children, inability to cope with stress, and low self-esteem. Three treatment phases which are encountered successively with parents include dependency, interdependency, and independency. Each of these

phases and the progression from one to the next are discussed.

**CD-01476****Torts: The Battered Child -- A Doctor's Civil Liability for Failure to Diagnose and Report.**

Clymer, J. N.

*Washburn Law Journal* 16:543-551, Winter 1977.

In the California case of *Landeros v. Flood*, 17 Cal. 3d 399, 551 P.2d 389, 131 Cal. Rptr. 69 (1976), the first appellate decision of its kind, the trial court sustained demurrers to all counts of the complaint against the attending physician and hospital for failure to report to authorities or take x-rays of an 11-month-old girl despite evidence of brutality. The California Court of Appeal accepted the physician's argument that the child did not manifest all the criteria of the battered child syndrome, and found that he was not obliged to try to detect further symptoms. It concluded that there was no basis to impose a legal duty to recognize the syndrome. The California Supreme Court reversed the decision, placing emphasis on the depth of discussion of the subject in medical circles. The court, which does not possess specialized medical knowledge, held that whether a reasonably prudent physician would have suspected the syndrome and ordered x-rays to confirm that diagnosis is to be decided by expert testimony and not as a matter of law. Recognition of the physician's unique ability to recognize the syndrome will likely result in successful attempts to hold nonreporting physicians liable to the child whose injuries are compounded as a result of the failure to report. Numerous references.

**CD-01477**

Santa Clara County Probation Dept., San Jose, Calif.

**Police Intervention into Family Crisis.**

Coffey, A. R.

Santa Cruz, Calif., Davis Publishing Co., 186 pp., 1974

Historically, the role of the police has implied involvement with family crises. Increased emphasis on the resolution of family disturbances by police officers and the emergence of prevention as a primary goal have prompted a new approach to intervention. The dynamics of family systems and crisis situations are examined, and the techniques for establishing effective communications between the law officer and the client are explained. Theories and techniques derived from behavioral science are applied, including behavior modification, brief therapy, gestalt therapy, marriage counseling, problem mediation, psychodrama, psychotherapy, reality therapy, self-awareness, and transactional analysis. On the basis of the prearranged background information, the structure of a 5-part training program for police is outlined. Numerous references.

**CD-01478**

Hennepin County Dept. of Welfare, Minneapolis, Minn.  
Child Protective Services.

**The Protective Social Worker's View of Interdisciplinary Action -- Problems and Assets.**

Coffey, C.

In: Fifth National Symposium on Child Abuse. Denver, Colo., American Humane Association, pp. 22-25, 1976.

In a well-functioning welfare department, the system of responsibilities and functions must be clearly designated, yet remain flexible and capable of adapting to a wide range of situations. The Hennepin County Welfare Department assigns duties according to intake, assessment, and planning. Intake includes receiving complaints and determining their validity and urgency. Assessment involves evaluating the existing case information and planning the course when intervention is indicated. The parents must first be informed of the intervention, and their response to it and their problems must be recognized. Another major area of assessment involves critical examination of the caseworker's own observations. An interdisciplinary treatment approach is useful, especially in cases where additional support is needed. Guidance available from such disciplines as medical, psychiatric, or educational is invaluable at all stages of the process to the social worker, particularly if a case is referred to court.

**CD-01479**

Institute of Judicial Administration, Inc., New York, N.Y.  
Juvenile Justice Standards Project.

**A National Survey of Attitudes of Selected Professionals Involved in the Reporting of Child Abuse and Neglect.**

Cohen, S. J.

Institute of Judicial Administration, Inc., New York, N.Y., Juvenile Standards Project, 36 pp., 1974.

A nationwide survey was performed to ascertain how the various state child abuse and neglect reporting laws operate. One thousand four hundred thirty-nine persons were sampled from two jurisdictional levels; one level covered state and local affiliations, while the second level included agencies and individuals in 5 communities in each state. Respondents viewed existing laws as satisfactory. Respondent dissatisfaction with legislative implementation and provision of services was closely related to the major defect of the system, underreporting. More and better treatment services and greater financial support for new and existing programs are needed. Reporter knowledgeability is another factor which has significant impact on reporting rates; most of the respondents lacked understanding of their state reporting laws and the responsibilities which the laws assign to them. Efforts to educate the public and professionals are either nonexistent or ineffective. 2 references.

**CD-01480**

Institute of Judicial Administration, Inc., New York, N.Y.  
Juvenile Justice Standards Project.

**A Study of Child Abuse Reporting Practices and Services in Four States.**

Cohen, S. J.

Institute of Judicial Administration, Inc., New York, N.Y. Juvenile Justice Standards Project, 21 pp., 1974.

The effectiveness of reporting laws, the fate of reports, and persons involved in the reporting systems for child abuse cases was studied in New York, California, Colorado, and West Virginia. All states had underreporting, which was greatest among private physicians and school personnel. There was a lack of familiarity with the respective state's reporting law among actual and potential reporters, and reporters rarely received feedback from agencies. Training and educational programs for mandated reporters and others were unsatisfactory, and central registries were not functioning as they should. Analysis of the child abuse reporting and service systems as presently constructed showed that they are largely punitive. Hot lines tend to encourage reporting, but the effectiveness of penalties for failure to report is uncertain. The systems permit and encourage a high degree of discretion, and rural counties have a high degree of flexibility and informality in the handling of cases. Education of mandated reporters needs to be improved, and reporters should receive more feedback. In-service training programs are necessary for personnel in agencies receiving reports and delivering services. The purposes and uses of central agencies should be re-examined. Alternatives to long-term foster care would tend to make society's response to child abuse non-punitive. A single purpose multidisciplinary child abuse agency at the local level should be created to replace the currently fragmented systems, and the practice of making more than one agency responsible for receiving reports should be discontinued. Reporting to police should be discontinued, and the establishment of 24-hour hot lines should be encouraged.

#### CD-01481

##### What Kind of Alternative Delivery Systems Do We Need?

Cohn, A. H.

2nd National Conference on Child Abuse and Neglect, Houston, Tex., 12 pp., April 17-20, 1977.

Public protective service agencies can and should remain the focal point of community-wide child abuse and neglect service systems. Most protective service agencies need considerable upgrading and expansion to be able to respond to clients' needs in a quality fashion; better triage of cases at the point of reporting and intake; substantially smaller case loads; more appropriate incentives for opening or closing cases; and a generally higher quality of case management. Multidisciplinary input is required at several points in the intervention and service process. Examples of successful protective services programs which have expanded and improved their capabilities are cited and briefly described. Protective services and those hospital-based, volunteer-based, private agency-based services now developing throughout the country cannot expect to be able to service all of a family's needs, however. Support must also come from such sources as the welfare system, the schools, the extended family, and the church.

#### CD-01482

California Institution for Men, Chino.

##### Women Who Kill.

Cole, K. E.; Fisher, G.; Cole, S. S.

*Archives of General Psychiatry* 19:1-8, July 1968.

A study of 112 women incarcerated for murder was undertaken to determine whether they could be described with respect to personality style and behavior patterns, and to relate sociological variables to these personality styles. Six categories of behavior patterns emerged: masochistic, overtly hostile violent, covertly hostile, violent inadequate, psychotic, and amoral. Variables of race, intelligence, age, the act of killing, the type of weapon used, prior criminal record, and brain dysfunction were differentially associated with the various behavior pattern styles. The covertly hostile group had the highest percentage of Mexicans, the least use of alcohol or drugs, the highest percentage of child victims, and the most frequent use of the hands as weapons; slightly more than half of this group had prior criminal records for primarily nonassaultive crimes. The inadequate group had the greatest involvement with narcotics and killed, for the most part, by indirect action; victims were usually acquaintances or children. The relation of present findings to prior research in the literature is discussed. 15 references.

#### CD-01483

Community Council of Greater New York, N.Y. Dept. of Research and Program Planning Information.

##### Trends in Foster Care in New York City 1960-1973.

Community Council of Greater New York, N.Y. Dept. of Research and Program Planning Information, 17 pp., March 1, 1974.

A statistical review of foster care in New York City indicates that there were 28,265 children in foster care as of December 1973, an increase of 53.4 percent since 1960. The foster care population is older than the New York City population under 18 years of age, and has a higher percentage of Blacks and Puerto Ricans. Although these children predominate in foster care caseloads, only a small percentage of Puerto Rican or Black children in the community receive such services. Voluntary agencies serve the large majority of children in care, with Catholic and Jewish affiliated agencies serving almost all of the children of their faiths. Boarding homes are the most widely used form of care by all agencies. Group homes have been increasingly used as a resource for the provision of care. Children under 2 years are most often placed in boarding homes, while children aged 12 and over are likely to be placed in institutional care of group homes. The growing number of Black and Puerto Rican families in the city are especially handicapped due to the stresses of poverty and lack of language skills. Unless a wide range of preventive services is made accessible in a form these families can use, family crises will continue to increase. Statistical tables are included.

**CD-01484**

Community Research Applications, Inc., New York, N.Y.

**Protective Services for Abused and Neglected Children and Their Families.**

Prepared for: Social and Rehabilitation Service (DHEW), Washington, D.C., 124 pp. (SRS 77-23042), 1977.

A guide developed to assist state and local administrators in public welfare and social service departments in developing a responsive and comprehensive protective services program contains suggestions for the organization, functions, and practices of protective services systems. The first section, addressed to state administrators and planners, contains guidelines on organization; initiating and reacting to proposed legislation; developing working definitions and setting standards; developing linkages with relevant state and Federal agencies and professional associations; serving as an information clearinghouse; performing an advocacy role for families; providing case consultation and technical assistance to localities; monitoring and evaluating local protective services programs; establishing a central reporting system and registry; and developing a budget. The second section, addressed to local administrators and planners, includes definitions of types of abuse and neglect and guidelines for organization and staff structure; assessment, investigation, and validation; case management; supportive and treatment services; resource development and interagency coordination; staff development; public education and information; and recordkeeping and other management tools for accountability, planning, and evaluation.

**CD-01485**

Community Service Council, Inc., Birmingham, Ala.

**Family and Children Study of Jefferson County. July 1970. Priorities and Recommendations.**

Community Service Council, Inc., Birmingham, Ala. Available from the National Technical Information Service, HRP-0003918, 81 pp., July 1970.

A study committee composed of members drawn from over 50 participating community agencies in Jefferson County, Alabama, set out to identify the major problems and needs facing families and children, identify existing social welfare services offered to families and children, identify duplication and gaps in present services, formulate recommendations for a plan of comprehensive services for families and children, and establish priorities for the development and delivery of services. The priorities established include economic assistance for those in need; establishing sources for economic opportunities; establishing a comprehensive network of services to families and children through formal coordination efforts with voluntary agencies; assigning the Alabama Department of Pensions and Security the responsibility of sponsoring and developing community-wide day care centers; and expansion of special education programs. Details of the socioeconomic profile of Jefferson County, the problems of the

county, a day care report, exploration of federal resources, and consultants' analyses of the social welfare system in the county are included.

**CD-01486**

Comprehensive Health Planning Council of Whatcom, Skagit, Island, and San Juan Counties, Mount Vernon, Wash.

**Goal Plan for Child Health: Whatcom, Skagit, Island, and San Juan Counties, State of Washington.**

Prepared for: Public Health Service, Rockville, Md. Available from the National Technical Information Service, 124 pp. (NTIS HRP-0004557), 1975.

A Child Health Plan, developed by the Child Health Task Force of the Comprehensive Health Planning Council of 4 counties of northwest Washington, includes a list of children's needs. The needs are arranged into 5 groups, resulting in 5 goals for child health: to insure healthy growth and development without physical or mental handicaps; to provide adequate health services on a continuing and coordinated basis to children and their parents; to provide parents and prospective parents with the opportunity to develop adequate parenting skills; to provide children with opportunities to live and play in safe environments; and to provide family planning assistance to parents and prospective parents. For each of these goals, 3 to 24 indicators were established to be used in measuring the achievement of each goal. For areas that called for solutions or resolution, policy recommendations are proposed.

**CD-01487**

Congress of the U.S., Washington, D.C. House Committee on the District of Columbia.

**Child Abuse Prevention. Hearing on H.R. 15779 and H.R. 15918.**

Congress of the U.S., Washington, D.C. House Committee on the District of Columbia. Available from Government Printing Office, 155 pp., August 14, 1974.

A hearing before the Subcommittee on Labor, Social Services, and the International Community of the House Committee on the District of Columbia on 2 bills directed toward establishment of an agency for the prevention of child abuse in the District of Columbia is reported. The proposed texts of the 2 bills (H.R. 15779 and H.R. 15918) are presented along with statements and material submitted by concerned professionals. Among the topics covered in testimony are abuse determination, proposed amendments, cases, central registry, child abuse indicators, child abuse victims, child adoption, examinations of custodians, the Federal Child Abuse Prevention and Treatment Act, foster care, guardian ad litem, hot lines, reporting requirements, the physician's role, deficiencies in present laws, prevention, court actions, financing, and administrative plans.

**CD-01488**

Congress of the U.S., Washington, D.C. House Committee on Education and Labor.

**To Establish National Center on Child Abuse and Neglect.**  
Congress of the U.S., Washington, D.C. House Committee on Education and Labor, 292 pp. (HR 6379, 10552, 10968), 1974.

Hearings held in the fall of 1973 before the Select Subcommittee on Education of the House Committee on Education and Labor on 3 bills related to the establishment of child abuse services are reported. The text of the bills (H.R. 6379, H.R. 10552, and H.R. 10968), which were presented to the first session of the Ninety-third Congress, are included. H.R. 6379 provides for (1) the establishment within the Department of Health, Education, and Welfare (DHEW) of a National Center on Child Development and Abuse Prevention; (2) financial support of demonstration programs designed to prevent, identify, and treat abuse and neglect; and (3) the establishment of a National Commission on Child Abuse and Neglect. H.R. 10552 amends the Elementary and Secondary Education Act of 1965 to provide a range of grants to the States for the development of child abuse and neglect prevention programs in the areas of treatment, training, case reporting, public education, and information gathering and referral. H.R. 10968 provides for establishment within DHEW of a National Center on Child Abuse and Neglect which would provide a program of grants to states for development of prevention and treatment programs, and financial assistance for research, training, and demonstration programs in the area of prevention, identification, and treatment of child abuse and neglect. More than 20 statements by administrators, physicians, legislators, and other involved persons from both the public and private sectors are included along with prepared statements, letters, articles, reports, and resolutions relevant to the enactment of the bills. Numerous references.

**CD-01489**

Connecticut Child Welfare Association, Inc., Hartford.

**Second Annual Report of the Care-Line.**

Connecticut Child Welfare Association, Inc., Hartford. 39 pp., September 30, 1975.

A description of the second year of operation of the Care-Line includes statistics; methodology and experience with regard to physical abuse, neglect, and sexual molestation; staffing characteristics; and trends. The Care-Line received 2,930 calls in its second year. Outgoing professional calls for referrals and coordination numbered 703. The largest percentage of incoming calls came from unspecified citizens. Most of the calls received were placed to express concern about specific children: 28.6 percent were concerned with battering, 33 percent with neglect, 2.5 percent with sexual molestation, and 35.8 percent with risk situations. Operational classifications of child abuse commonly used by Care-Line include physical abuse and cruel or unusual punishment. Neglect complaints are classified as deprivation of necessities, lack of supervision, abandon-

ment, lifestyle complaints, emotional or psychological abuse, health or a safety hazards, or lack of medical attention. Sexual molestation calls are concerned mostly with sex play, threats, and overtures. Selection of answers, in-service training, professional back-up, filing of official reports, and the relationship with the Connecticut Child Abuse and Neglect Demonstration Center are described.

**CD-01490**

Connecticut Child Welfare Association, Inc., Hartford.

**Third Annual Report of the Care-Line. January 1, 1976 - December 31, 1976.**

Connecticut Child Welfare Association, Inc., Hartford, 50 pp., December 1976.

The 1976 annual report of Care-Line, a 24-hour-per-day, 7-day-per-week statewide child abuse prevention and information service that has operated in Connecticut since 1973, is presented. During 1976, a total of 3846 calls were received, representing an increase of 31 percent over the previous year. Outgoing calls totaled 2085, a 56 percent increase over the preceding year. Calls received after working hours accounted for 53 percent of all incoming calls. Of the incoming abuse-neglect reports, 77 percent came in after hours. Calls originated in 224 towns or villages, an increase of 40 over the previous year. Hartford, New Haven, Waterbury, and Bridgeport were the 4 leading sources of calls. The majority of the calls were information requests, followed by abuse and neglect reports, and primary prevention-stress calls. Outgoing calls numbered 2085, of which 1810 were related to abuse and neglect, 204 were informational, and 71 related to primary prevention-stress. Anonymous citizens and professionals accounted for about half, and mothers and neighbors for about 25 percent of the calls. Among 2025 reports of abuse or neglect, 26 percent involved physical abuse, 34 percent physical neglect, 4 percent emotional abuse or neglect, 3 percent at sexual abuse, and 33 percent at-risk situations.

**CD-01491**

Contemporary Research, Inc., Los Angeles, Calif.

**Working Papers on Child Abuse and Neglect, Foster Care, and Adoption.**

Prepared for: Office of Child Development (DHEW), Washington, D.C., 87 pp. May 7, 1973.

In addition to specialized workshops, a study of the literature, programs, and services concerned with child abuse, foster care, and adoption provided the basis for recommendations in each major area. With regard to child abuse and neglect, research should be aimed at (1) identification and description of exemplary treatment and prevention approaches, and (2) the problems of services from the point of view of the parent seeking help. Coordination of legal and administrative services should be achieved through regional conferences, local task forces, and technical assistance. New community programs are urged in training and technical assistance for lay therapist and edu-

cators, and involvement of Office of Child Development sponsored programs would be advantageous. Outreach in terms of parental education, information packages, and use of the media is recommended. Foster care should re-define its image, find new solutions to operational problems, and meet the challenges of contemporary family patterns. The importance of the foster parents is underscored. Improvement of services would result from the coordination of efforts with other agencies and legal changes. Changes in community service should include training and supportive service for foster parents and examination of alternatives to placement problems. Changes in legal constraints would greatly assist agencies in dealing with the problem of hard-to-place children and the shortage of healthy white infants. New and additional resources are greatly needed to handle the problems of the hard-to-place children. Several adoption-related problems should be researched, and interagency cooperation should be improved. The need to inform both the general public and specific target populations about adoption is underscored. Numerous references.

**CD-01492**

Touro Hospital, New Orleans, La.

**The Abused Child.**

Cordell, C.

*Imprint* 21(2):34, 47-48, April 1974.

The characteristics of child abusers and abused children, and the role of the nurse in the identification, prevention, and treatment of child abuse and neglect are considered. Child abuse frequently results as a consequence of an overflowing of parental frustrations, excessive parental expectations, and the parental projection of personal conflicts onto the child. Abusing mothers lack the emotional, social, and intellectual resources to deal with their children, and feel trapped by each new pregnancy. A common trait of abusive parents is their own deprivation of basic mothering. The nurse must understand the reasons behind parental actions to function effectively. As nurses are often the first contact abusive parents have with the medical care system, nurses must be aware of certain attitudes and reactions typical of battering parents as well as the signs and symptoms of abuse evident in the child. The team approach is desirable in diagnosing and treating child abusers. The nurse is valuable to the team as the initial parent interviewer and as a home visitor. Aside from assuring that the abused child gets proper protection, the nurse plays an important preventive role by identifying the beginning symptoms of child neglect and symptoms predisposing to battering. In her therapeutic role, the nurse provides support, information on normal child development, instruction in child play activities, and referral information.

**CD-04493****The Practical Parent: ABCs of Child Discipline.**

Corsini, R. J.; Painter, G.

New York, Harper & Row, Publishers, 248 pp., 1975.

Fundamental aspects of training normal children are discussed, including the ideal family, child development, a democratic environment, rewards and punishment, natural and logical consequences, encouragement, and some general rules for child training. Problems of routine living are reviewed, such as getting up, dressing, eating, cleanliness, school difficulties, and bedtime. Problems of order and cooperation are discussed in terms of conformance, chores, messiness, the child's room, and money and property. Interaction problems that are considered include fighting, public behavior, aggression, undesirable companions, and demanding too much attention. Special problems include dawdling, temper tantrums, nightmares and excessive fears, bad habits, bed wetting, bowel and bladder control, and morality. Cooperation in the family is discussed in terms of communicating, fun in the family, and the family council. Also reviewed is the concept of helping other families through the formation of a parents' study group. A study group leader's guide is included. 20 references.

**CD-01494****Issues Related to the Role of Law, Litigation, and Advocacy in Improving Society's Ability to Deliver Child Protective Services.**

Costigan, P.

In: *Proceedings of the First National Conference on Child Abuse and Neglect*, January 4-7, 1976. Washington, D.C., National Center on Child Abuse and Neglect (DHEW), (OHD) 77-30094, pp. 37-41, 1977.

The death of an abused child in 1969 stirred New York State's interest in the problems of abuse and neglect. A new, quickly enacted law (Article 10 of the Family Court Act), known as the Children's Bill of Rights, established a separate child abuse unit in the family court; redefined child abuse; and strengthened the reporting law. At the urging and with the aid of child abuse professionals who had not been consulted in 1969, the law was rewritten in 1970. In 1971 a Select Committee on Child Abuse was established. A 2-year study of the entire child protection system culminated in the 1973 passage of the Child Protective Services Act. Provisions of the new law include a statewide 24-hour toll-free telephone line to accept reports of neglect and abuse; requirements that each local social services department establish a child protective service division and an annual plan for approval by the State Department of Social Services; investigation of reports within 24 hours; and a review procedure for abusive parents.

**CD-01495**

Council for Community Services in Metropolitan Chicago, Ill.

**Child Abuse and Neglect: An Exploratory Study of Factors Related to the Mistreatment of Children.**

Council for Community Services in Metropolitan Chicago, Ill., 312 pp., September 1976.

An integrative and exploratory study on the problem of child abuse and neglect reviews previous findings in the

field, and summarizes and interrelates the 9 sources of data which were used. Chapters are devoted to the results obtained from the data used, which include: incidence and demographic data from secondary sources; primary and secondary source data bearing on trends in reporting laws; survey and follow-up telephone interviews of local hospitals on abuse discovery and reporting patterns; informal survey of individuals mandated to report abuse for relevant experiences and attitudes; interviews with school teachers on knowledge and opinions related to child abuse and neglect; in-depth clinical interviews with abusive, neglectful, and control mothers; and in-depth interviews with abuse and neglect treatment specialists. The implications of the findings for future service planning and research directions are discussed. The appendices include a review of the child abuse literature and an annotated bibliography.

**CD-01496**

Council of Europe, Strasbourg (France). Group of Coordinated Research Fellowship-Holders for 1968.

**Social Cooperation in Europe. Social Action to Prevent the Breakdown of the Family, the Neglect of Children, and Juvenile Delinquency.**

New York, Manhattan Publishing Co., 59 pp., 1972.

A study was conducted by the Social Committee of the Council of Europe in 1968 to determine the extent to which individual psychosocial methods can be substituted for compulsory action in the prevention of situations likely to lead to the breakdown of the family, neglect of children, or juvenile delinquency. Secondary prevention structures are examined in Austria, Belgium, Denmark, Federal Republic of Germany, France, Netherlands, Norway, Sweden, England, Wales, and Scotland. In most of the countries, there is a desire to apply preventive measures on a voluntary basis to young persons in danger; for the most part this responsibility is entrusted to specialized services which are run at various levels. Coordination appears to be an overriding problem. Effective individual preventive action, requiring detection capability, is briefly discussed in a country-by-country comparison. Individual preventive action methods described include family guidance and assistance agencies, child guidance centers, economic and housing assistance, and children's homes and youth camps; group efforts include social work in asylums for the homeless in Cologne, Project Zestienhoven-Rotterdam, and youth clubs. Recommendations are made for the European community concerning specialized social and prevention policies, establishing and operating the services, early detection, treatment methods, and information and research.

**CD-01497**

National Society for the Prevention of Cruelty to Children, London (England).

**The Battered Child. Part I: Historical and Diagnostic Reflections.**

Court, J.

*Medical Social Work* 22:11-15, 1969.

The history of professional awareness to the problem of child abuse is recounted. From the pioneering work by Caffey, recognition of the problem spread to others in the fields of medicine and social work. Currently the classic symptoms of the battered child syndrome are known worldwide. The psychological characteristics of potentially abusing parents involve lack of basic trust in themselves and others, inadequate mothering abilities, identification with sadistic parents, feelings of powerlessness in controlling the course of events, lack of adequate impulse control, and overpowering jealousy for attention. Premature, hypersensitive, colicky, and unresponsive babies are particularly vulnerable to battering. Certain family characteristics are common to battering incidents: the parents are young, emotionally immature, and have 2 or 3 children in rapid succession; the battering parent is locked in a hostile-dependent relationship to his own parents; social crises usually precede incidents of abuse; family isolation often prevents the proper release of normal family frustrations; and the home is well kept and the children appear well cared for physically. 19 references.

**CD-01498**

Hennepin County Dept. of Welfare, Minneapolis, Minn. Child Protection Services.

**Interagency and Community Cooperation.**

Coyne, M.

In: Fifth National Symposium on Child Abuse. Denver, Colo., American Humane Association, pp. 26-29, 1976.

Coordination and cooperation are essential elements in effective child abuse and neglect management, but are not always easily accomplished. Administrators must institute standard communication procedures with other disciplines and other workers. A truly effective and efficient child protection worker is an expediter who can readily diagnose a problem and gather the necessary resources to solve the problem. Cooperation with the police is often one of the more difficult alliances. Problems can often be alleviated once workers realize that police methods are now much more sophisticated and that there is a natural interdependence between social services and the police in the child protection field. Statistics on child abuse in Minnesota are presented.

**CD-01499**

Children's Hospital Medical Center, Boston, Mass. Family Development Study.

**Optimism or Pessimism for the Victim of Child Abuse?**

Cupoli, J. M.; Newberger, E. H.

*Pediatrics* 59(2):311-313, February 1977.

A model based on concepts of health and its promotion is proposed as a more optimistic approach to child abuse than psychological and social pathology and their treatment. If a helpful alliance is formed with parents, their ability to utilize help from any source is enhanced. The symptoms of child abuse are viewed as one group of medical manifestations of a child and his family in distress.



Specific interventions are indicated for specific distresses in the child, family, and environment. What is known of normal child development can be used to benefit the child and family in a positive, preventive approach, stressing a fostering of strengths rather than a probing of weaknesses. A more health-based model might enable pediatricians to understand that the attitudes and feelings in the style with which parents defend themselves may represent attempts to defend their self-image from critical external scrutiny. Pediatricians must work with other disciplines to help stressed families succeed with their children. Pediatric contacts can be used to promote bonding and parents' self-esteem, thus establishing a reference point from which help can be given during future stressful periods. 18 references.

**CD-01500****Failure to Diagnose Battered-Child Syndrome.**

Curran, W. J.

*New England Journal of Medicine* 296(14):795-796, April 7, 1977.

A recent decision by the California Supreme Court, in which a trial court dismissed a complaint which alleged that a physician had failed to diagnose a case of battered child syndrome, is critically discussed. The physician released the child in the custody of her parents after treating her for an unexplained comminuted spiral fracture of the right tibia and fibula. The child was treated in another hospital 2.5 months later, at which time the battered child syndrome was diagnosed. The child was placed in a foster home, and the foster parents later sued the original physician for failure to diagnose the condition accurately and for failing to report. It is contended that the Supreme Court's overturning of the trial court's dismissal adds to the confused state of malpractice law, and has not helped to clarify either the problems or the responsibilities of professionals who must deal with injured children and their families. 4 references.

**CD-01501**

Long Island Univ., Brooklyn, N.Y.

**No Language But a Cry.**

D'Ambrosio, R.

Garden City, N.Y., Doubleday and Co., Inc., 252 pp., 1970.

The factual account of the rehabilitation and development of a severely abused girl is recounted from the perspective of a psychiatrist. The subject, at one and one-half years of age, had been taken to an emergency room for severe burns inflicted by her father. The traumas associated with the girl's home life produced a child who, even at the age of 12, had never spoken. For more than 7 years the girl lived in an institution and was cared for by nuns who persevered despite the lack of financial and professional resources. The psychoanalyst responsible for ending the child's silence and penetrating her withdrawn personality details the long treatment process.

**CD-01502**

Children's Hospital Medical Center, Boston, Mass. Family Development Study.

**Ethical, Professional and Technical Dilemmas of Cultural and Social Class Discrepancy Between Professionals and Clients.**

Daniel, J. H.

In: Fifth National Symposium on Child Abuse. Denver, Colo., American Humane Association, pp. 53-55, 1976.

One of the most crucial decisions a social worker must make is the identification or labeling of the child and family who may be at risk or involved in abuse or neglect. The problems involved in arriving at such a decision are varied, but one of the most difficult concerns filtering out the social worker's cultural and social biases. The question of how much and what kind of data are necessary to make a determination is difficult to standardize. This problem is worsened by lack of communication among professionals and lack of recognition of what other professionals or disciplines have to offer. Other dilemmas include legal problems and the courts. Although many dilemmas and discrepancies exist in the field of child neglect and abuse, professionals should attempt to minimize them.

**CD-01503**

Children's Hospital Medical Center, Boston, Mass. Family Development Study.

**Child Abuse Screening: Implications of the Limited Predictive Power of Abuse Discriminants From a Controlled Family Study of Pediatric Social Illness.**

Daniel, J. H.; Newberger, E. H.; Reed, R. B.; Kotelchuck, M.

Society for Research in Child Development Biennial Meeting, New Orleans, La., 20 pp., March 19, 1977.

The predictive value of a child abuse screening instrument on unselected populations is illustrated for varying hypothesized levels of child abuse prevalence in order to demonstrate the outcome of a hypothetical national screening program. The incidence of false positives and negatives suggests a low practicality at an unacceptably high social cost. Various interpretations of this possible misclassification are discussed in the context of several program models: subjects are really misclassified because of misdiagnosis based on either misinformation or socially induced bias; subjects appear misclassified because of limited ability to distinguish case types; and diagnostic categories such as child abuse and accident overlap. Three cases are briefly presented to illustrate the implications of these kinds of misclassification. The sharp increase in the number of annually reported cases of child abuse and neglect has not been met with a commensurate increase in amount or quality of services. Prevention is now urged as a preferred intervention plan for both human and financial reasons. In order to target scarce intervention resources efficiently, predictive indices of risk have been established and applied. In any disease, the utility of predictive screening must be examined in terms of the prevalence of the condition, the performance of the screening instrument, the

effectiveness of available treatments, the costs of various program components, and the nature of alternative approaches to the problem. 19 references.

**CD-01504**

Dalhousie Univ., Halifax (Canada). Dept. of Psychiatry.  
**The Use of the Confrontation Technique in the Battered Child Syndrome.**

David, C. A.

*American Journal of Psychotherapy* 28(4):543-552, October 1974.

The use of the psychiatric technique of confrontation was successfully applied in treating a 22-year-old abusing mother. Psychiatric evaluation revealed a history suggestive of a poor relationship with her own mother, an effect which was responsible for her lack of confidence and failure to cope with problems in her present family situation. The patient, who lacked minimal skills in homemaking and parenting, ultimately employed brutal child rearing techniques. The goals of the therapist are to protect the child; understand the battering parent; effectively demonstrate interest and understanding to the parent; alter maladjusted parental behavior; and rechannel parental anger toward proper sources, rather than the child. The ultimate goal is still protection of the child, a goal crucial for both child and parent. The battering parent is a psychiatric emergency by the very nature of the fact that the child's future rests with the emotional equilibrium of the parent. The confrontation technique is a valuable tool which reinforces the therapist's effectiveness as a significant helper who provides control over the parent's potential destructiveness and helps relieve the overwhelming panic and guilt in the parent by assuring him that because his own control is lacking, such control will emanate from outside him. 13 references.

**CD-01505**

Davis (Joseph A.) Consultants, Inc., New York, N.Y.  
**Provision of Technical Assistance in the Development of Child Abuse and Neglect Public Awareness Programs and Materials. Final Report.**

Prepared for: National Center on Child Abuse and Neglect (DHEW), Washington, D.C., 103 pp., October 1976.

The manifold goals of the project described in this final report included assessing and reporting on existing public awareness programs and activities in child abuse and neglect; surveying and reporting on 20 sites that were interested in developing public awareness programs and activities; developing prototype public service materials; developing a guidance manual; providing technical assistance; and conducting briefings and submitting a final report. In general, the assessment of existing programs indicated a great need for professionally produced public education materials. The products ultimately developed by the project included 6 television spots (3 in color, 3 in black and white; 4 30 seconds, 2 60 seconds); 5 radio spots (4 30 seconds, 1 60 seconds); 3 posters; and 3 newspaper-magazine adver-

tisements, each in 2 sizes (200 lines, 60 lines). The guidance manual is entitled "How to Plan and Carry Out a Successful Public Awareness Program on Child Abuse and Neglect." It provides the basic kind of information that will enable an organization to plan and carry out its own public information program, and it is intended for agencies limited in funds and lacking staff with professional public relations expertise. Technical assistance was provided to 20 sites on the use of the public awareness program. Recommendations are proposed for future public education activities.

**CD-01506**

North Carolina Univ., Chapel Hill. Dept. of Pediatrics.  
**Child Abuse and Neglect: Its Causes and Prevention.**

Davis, D.; Hebbert, V.; Hunter, R.; Loda, F.

*Popular Government* 41:1-4, 14, Spring 1976.

The causes of child abuse are reviewed and some means of prevention in effect in North Carolina are discussed. The first step in helping an abusing family is to assess its weaknesses and strengths. An open and honest statement of the problem is necessary early in the discussion. It is important to establish with the parents that preservation of the family is a major goal. Programs to help families in stress should emphasize the timeliness of help, the need to support the role of the family in the child's life, and the need for alternate ways to meet the varying needs of families in stress. Hospitals and developmental evaluation clinics in North Carolina have taken the lead in developing interdisciplinary programs for maltreated children. The need for educational programs and family support systems is stressed.

**CD-01507**

Royal Children's Hospital, Melbourne (Australia). Dept. of Medical Social Work.

**Child Abuse in Nova Scotia.**

Dawe, K. E.

*Australian Paediatric Journal* 9(6):294-296, December 1973.

The first Canadian research project conducted on child abuse employed an interdisciplinary approach to understanding the dynamics of the problem. Law, medical, and social work students from Nova Scotia participated in the 2-part study. The retrospective study examined the management of battered and maternally deprived children by analyzing the official medical, social, or court records from 1966 to 1970. As a result, only 59 cases were sufficiently documented to allow further study. Problem areas uncovered included inadequate intake records kept by physicians and social workers; lack of awareness of the problem of child abuse; insufficient diagnoses and follow through; and lack of coordination in the record keeping process. Of those who could be followed, 49 children were younger than school age; 52 required extended hospitalization. Maternal deprivation affected twice as many boys as girls. The perpetrator was identified in 18 cases and was sus-

pected in 9 others. The average age of 51 parents was 22 years for mothers and 28 years for fathers. Prior episodes of abuse and neglect were prevalent in 24 cases. Outbreaks of abuse and neglect occurred while some families were under the supervision of social welfare or health agencies. The second part of the study, the Attitudinal Study, surveyed 1,000 physicians, lawyers, social workers, nurses, school teachers, police officers, journalists, and the clergy to assess the state of professional awareness. Recommendations resulting from the study included a central registry, standardized reporting procedures, augmentation of child welfare agencies, and establishment of a child advocacy office.

**CD-01508**

Rush Coll. of Medicine, Chicago, Ill. Dept. of Pediatrics.  
**Child Abuse: The Development of Suspicion.**  
 Day, D. W.  
*Pediatrics Digest* 18(10):13-19, October 1976.

A discussion of methods by which a physician may develop proper suspicion that child abuse has occurred covers the need to keep an open mind to the potential for abuse in each patient; clues that can be gathered from the history; and suspicious types of injuries, including skin trauma, burns, and fractures.

**CD-01509**

Umea Univ. (Sweden). Dept. of Paediatrics.  
**Long-term Effect on Mother-Infant Behaviour of Extra Contact During the First Hour Post Partum. II. A Follow-up at Three Months.**  
 De Chateau, P.; Wiberg, B.  
*Acta Paediatrica Scandinavica* 66(2):145-151, March 1977.

The effect of 15 to 20 minutes of suckling and skin-to-skin contact during the first hour after delivery on the mother-infant behavior was studied at 3 months post partum. The primiparous mothers and their infants were studied at 36 hours post partum, at which time significant differences between the study group and controls were observed. These differences were greater for boy infants than for girl infants. The 3 month follow-up study involved direct observation of the mother-infant free play and a personal interview with the mother. Mothers in the extra contact group spent more time kissing and looking en face at their infants than did control mothers, and their infants cried less often and smiled more frequently. A greater proportion of the mothers with extra contact were still breast feeding at 3 months. The influence of the extra contact on behavior was greater in boy-mother pairs than in girl-mother pairs. 15 references.

**CD-01510**

American Humane Association, Denver, Colo. Children's Div.  
**The Court and Protective Services: Their Respective Roles.**  
 De Francis, V.

Denver, Colo., American Humane Association, 19 pp., undated.

The cooperation of protective services and the court in cases of child neglect is discussed. Several aspects of child protective services endow it with special aptitudes for helping neglectful families: outreach services, the obligation to extended service, the obligation to use authority, and special orientation and skills. Most juvenile courts have exclusive jurisdiction over dependent, neglected, or delinquent children within age limits prescribed by state law. The court must have treatment resources available to it. The protective agency is responsible for exploration of all original complaints of neglect. The court process begins with the petition, if the protective agency decides that temporary custody is indicated. The court is the sole arbiter, but must have some input from the protective agency in determining "best interests" of the child.

**CD-01511**

American Humane Association, Denver, Colo. Children's Div.  
**Child Abuse -- Preview of a Nationwide Survey.**  
 De Francis, V.  
 Denver, Colo., American Humane Association, 18 pp., 1963.

Preliminary results of a nationwide survey of child abuse in 1962 are described. The first phase of the survey deals with statistics in terms of the number of children reported and with collation of the information contained in news stories published around the country. The second phase was designed to evaluate community awareness of child abuse. A total of 662 cases of child abuse were reported in newspapers in 48 of 50 states and the District of Columbia. Ages ranged from early infancy to 17 years, with 90 percent being under 10 years and more than half under 4 years. About 1 in 4 died from their injuries, and of these, more than half were under 2 years old. Fathers were more often the abusers than mothers, but mothers inflicted more serious injuries. Beating was the most common type of activity accounting for injuries. Bruises and contusions were the most common type of injury, but broken bones also occurred frequently. Family characteristics were variable, but parents were generally immature. Underlying motivations included emotional explosion in the vast majority of cases. Other causes were acute depression, mercy killings, and convalescence from a mental disturbance. The need for continuing care and for community social planning are stressed.

**CD-01512**

American Humane Association, Denver, Colo. Children's Div.  
**Community Cooperation for Better Child Protection.**  
 De Francis, V.  
 Denver, Colo., American Humane Association, 20 pp., undated.

The degree of cooperation which the child protective agency receives from the community that it serves to a large extent determines the degree to which children are protected from neglect, abuse, and exploitation. Both recognition and support by the community are important. Among the services that directly affect the protective program are the juvenile court, the police, the school, the church, and the community's other family and children's services. The court's concern is to provide nonpunitive, individualized justice and adequate probation services. Protective services is not a proper function of the court. The court's responsibility for services to neglected children should begin with the request to file a petition of neglect. The court has sole responsibility for determining the parents' right to custody. The police are involved in the prevention of exploitation of children in hazardous or prohibited occupations, and in control or suppression of community activities and conditions that subject children to adverse influences. Police officers are frequently the first ones to come into contact with children in trouble. The schools play an important role in case finding and in family life education. The church may be involved in the rehabilitation of abusive families. Other cooperating services include shelter care, homemaker services, and family agencies. The importance of the conscience and the will of the community is discussed.

**CD-01513**

American Humane Association, Denver, Colo. Children's Div.

**Accent on Prevention.**

De Francis, V.

Denver, Colo., American Humane Association, 5 pp., undated.

The importance of preventive services, in addition to treatment services, for the control, treatment, and diminution of juvenile delinquency is discussed. Treatment services attack the problem only after it has developed, but preventive services could help keep it from developing. In 1956, 72 percent of the private agencies with a child protective function were located in the New England and Middle Atlantic states, and 32 states and the District of Columbia had no private agencies with a child protective function. Basic services should be available to children early enough to give them the stability which can prevent the development of antisocial behavior.

**CD-01514**

American Humane Association, Denver, Colo. Children's Div.

**Let's Get Technical. The "Why and What" of Child Protective Services.**

De Francis, V.

Denver, Colo., American Humane Association, 10 pp., undated.

Child protective services are discussed in relation to the rights of children and parental obligations. Five aspects of

child protection identify it as specialized child welfare; it is casework; it is nonpunitive; the person needing the help does not go to the agency to seek it; the agency providing the services has responsibility to act in the interest of all children brought to its attention; and the agency has a higher than ordinary degree of responsibility toward its clients. Both the child and the parents are the clients of protective services, but at different levels. Child protective services are child centered and family focused. Neglect may be considered in either the legal or the community context. Neglect results from acts or the failure to act on the part of the parents. Aggressive casework is an important technique in the field practice of child protection.

**CD-01515**

American Humane Association, Denver, Colo. Children's Div.

**Laws for Mandatory Reporting of Child Abuse Cases.**

De Francis, V.

*State Government* 39(1):8-13, Winter 1966.

The need for legislation requiring that evidence of physical abuse of children be reported, particularly by medical personnel, and progress in state-level passage of such reporting laws are discussed. As physicians are often the first responsible contact to see the child victim, they are the best resource for early identification and reporting of cases. Legislation provides immunity from legal action to persons making a report and waiver of the doctor-patient and husband-wife privilege. Objectives of mandatory reporting are treating injuries and protection from further abuse. From 1963 to 1965, 47 states enacted reporting laws with many areas of conformity but with some variance in philosophy. Variations exist in age limits for service. Confusing differences in defining which agency receives the report and other inconsistencies are tabulated.

**CD-01516**

American Humane Association, Denver, Colo. Children's Div.

**Protecting the Child Victim of Sex Crimes Committed by Adults.**

De Francis, V.

Denver, Colo., American Humane Association, 230 pp., 1969.

New York City was the target of a research project designed to study the effectiveness of a child protective service program when it is extended to child victims of sexual crimes committed by adults. The project undertook to present data on the dimensions and severity of the problem and to arouse community concern for the welfare of the juvenile victims. Specifically, the case records of the borough of the Bronx were compared to the corresponding data for Brooklyn, a borough equipped with an agency which provides services to child sex victims. The report examines incidence, case characteristics, family characteristics, child victim characteristics, characteristics of the offender, and the nature of offense disclosure. The familial

conditions which lead to or encourage sex offenses are analyzed with respect to marital adjustment, family problems, child care, direct parental acts, and evaluations of parental as well as child functioning. The impact of victimization from the family's and child's perspectives are investigated, along with the resultant responses from the police, courts, and child protection agencies. Preliminary results of this study are described in Abstract CD-00252. Numerous references.

**CD-01517**

American Humane Association, Denver, Colo. Children's Div.

**Special Skills in Child Protective Services.**

De Francis, V.

Denver, Colo. American Humane Association, 16 pp., 1958

The spectrum of basic skills necessary for child protective service workers includes proper attitudes, special approaches to confronting and dealing with resistance, a well-developed interpretive ability, good diagnostic skills, and a wide degree of flexibility in dealing with people. The application of such skills and other specialized functions extends to the court process, the intake process, the first interview, the home visit, and discussions of the complaint. A case illustration of child neglect details the process from the complaint to the final plan of action. Effective use of special skills is exemplified.

**CD-01518**

American Humane Association, Denver, Colo. Children's Div.

**Children Who Were Helped Through Protective Services.**

De Francis, V.

Denver, Colo., American Humane Association, 14 pp., 1960.

Five case histories of children who were helped by the intervention of protective services are described in anecdotal style. A 10-year-old boy who had been raised by his grandparents since the age of 1 year became mute during a 2-month separation from his grandparents. He improved after the intervention of the Children's Society, which resulted in medical attention and the grandmother giving up her job to give the boy more personal attention. The second history describes a gradual breakdown in family functioning after the birth of a mentally deficient daughter. After the intervention of the Children's Society, the 8-year-old girl was placed in a special school, and the family gradually returned to normal. The third case involved a 12-year-old boy who had been raised largely by his brother and sister, both in their twenties. After he was arrested for shoplifting, protective services intervention reunited the boy with his mother. The fourth case was a 10-year-old boy who lived with his immature parents and 2 younger brothers in a tenement house and who became delinquent and was arrested for shoplifting. The Children's Service stepped in and helped restore family functioning.

The final case involved a mother who was so obsessed with the notion that some harm would befall her 14-year-old daughter that the child was extremely overprotected. The school reported the case to the Children's Society and social work was initiated. The mother was hospitalized for her paranoid behavior, and the child was placed in the custody of an aunt.

**CD-01519****Child Abuse.**

de Lesseps, S.

*Editorial Research Reports* 1(4):67-84, January 30, 1976.

Several aspects of child abuse including violence in the family, the common characteristics of abusive parents, and the reluctance to report cases, especially cases of sexual molestation, are reviewed. The evolution of child protection in tradition and law is traced from the ancient view of children as chattel, to the landmark 1874 case of Mary Ellen, the 1961 Kempe report on the battered child syndrome, the Child Abuse Prevention and Treatment Act of 1974, and 1974 Congressional hearings on abuse in federally reimbursed private psychiatric facilities. Efforts to protect children from abuse emphasize therapy rather than legal action. Emergency hotlines are being used in various cities, and 4 states maintain 24-hour emergency lines for reporting purposes. Attempts to involve the community, particularly schools and other public agencies, in detection are briefly discussed. Corporal punishment and children's rights are also covered. 24 references.

**CD-01520**

Pennsylvania State Univ., University Park. Coll. of Human Development.

**Child Care by Adolescent Parents.**

De Lissovoy, V.

*Children Today* 22-25, July-August 1973.

The child rearing attitudes and practices of mothers and fathers who married while still in high school were examined over a 3-year period. The participants were 48 couples from semi-rural or small towns in central Pennsylvania; 46 expected a child at the time of their marriage. The average age of the wives was 16.5 years and the average age of the husbands was 17 years. Five visits were made to each couple to obtain background information and demographic data, rate marital adjustment, test the parents' knowledge of child development, and measure the mothers' acceptance and control of their children; a final visit was at the end of the 3-year period. Data indicate that the young parents had a low tolerance for infant crying and parents had unrealistic expectations of development, a fact which contributed to impatience with the children and the use of physical punitive measures. Only 5 mothers spontaneously cuddled or played with their children. Efforts such as the Education for Parenthood program, personal counseling through community social service agencies or through adult education classes, and visits by public health nurses are encouraged in the interest of improved

parenting. Two instances of intervention for excessive physical corrective punishment inflicted upon a child by his parent are cited. 2 references.

**CD-01521****A Silent Tragedy. Child Abuse in the Community.**

DeCourcy, P.; DeCourcy, J.  
Port Washington, N.Y., Alfred Publishing Co., Inc., 231 pp., 1973.

Thirteen case histories of child abuse which occurred in 2 communities are presented. Each case includes condensed police reports of the 'accident' or crime, court dispositions, and psychological reports of the children and parents. In every instance, no effective remedial action was taken. This was largely due to the inadequacies of the courts and social agencies in their attempts to cope with the problems of abused or neglected children. Judicial procedures must be modified to include improved reporting procedures, determination of questions of fact by a jury, and legal counsel for the abused child. Hearings involving child abuse and neglect should be held in an open court to which the press is admitted. The philosophical assumptions of the rights of parents need to be re-examined. Children are not property and their welfare must be carefully protected. Alternate types of placement for abused children must be explored. A limited list of agencies that are concerned with the problems of child abuse and neglect is appended. 11 references.

**CD-01522**

Berkeley Planning Associates, Calif.

**Evaluating Case Management.**

DeGraaf, B. J.  
2nd National Conference on Child Abuse and Neglect,  
Houston, Tex., 9 pp., April 17-20, 1977.

The evaluation of case management in child abuse and neglect cases is discussed from intake and diagnosis through termination and follow-up. Eight basic areas of case management are outlined: timeliness of the process (e.g., time interval between referral and first contact); amount of contact between manager and client; outside case review (e.g., use of consultants); referral for treatment; reassessment of the case; coordination between manager and other treatment agencies; continuity of service; and client participation. Data collected from 275 cases in 11 demonstration projects showed that, in most cases, the client was contacted within 3 days; the referral source was contacted for additional information; an additional contact was made with the client before the treatment plan was determined; therapeutic services were initiated within 2 weeks of the initial contact; there was one case manager, although another staff member often provided additional services; outside services were provided; and contact occurred weekly. Multidisciplinary reviews were used at intake in about 25 percent of the cases, and in about 50 percent of the cases, case conferences were held during the treatment phase. The normal follow-up involved 2 direct contacts with the clients.

**CD-01523****The Juvenile Court: Where We Were, Where We Are, Where We're Going.**

Delaney, J. J.

In: Westman, J. C. (Editor). Proceedings of the University of Wisconsin Conference on Child Advocacy. Wisconsin Univ., Madison. Extension Health Sciences Unit, pp. 151-167, 1976.

The history, functions, and prospects of the juvenile justice system are reviewed. Before the Kent v. U.S. and In re Gault decisions, juvenile courts were understaffed and underfunded, with the result that deficiencies and abuses appeared. Juvenile courts often served the community by removing troublesome children and warehousing them in training schools, and by relieving parents of unwanted, unloved children. The Kent and Gault decisions affirmed the child's right to due process of law, including right to counsel, a record of the proceedings, protection against self-incrimination, confrontation of witnesses, and the right of appeal. Since these decisions, many states have upgraded their juvenile justice systems. Juvenile codes have been re-examined and updated. However, the juvenile justice system holds a low priority in relation to other branches of the legal apparatus. Attributes of an ideal juvenile justice system, which combines the due process safeguards of the adult court with the therapeutic, regenerative treatment postulated for children, are discussed. Child advocacy can help to bring about such a reformation of the juvenile justice system.

**CD-01524**

Governor Medical Center, Providence, R.I.

**Percursive Factors to Early and Identified Learning Disabilities.**

Denhoff, E.

*Slow Learning Child* 19(2):79-85, July 1972.

Factors which contribute to the development of learning disabilities in an infant include low birth weight, prematurity, respiratory distress syndrome, high bilirubin level, and hemolytic syndrome. Prematurity, malnutrition, symptoms which reflect dysfunctions, and deviant behavior styles must be dealt with effectively to prevent later learning disorders. The majority of learning disabilities arise from environmental origins, although 30 percent stem from birth-related problems. Nutritional, neurological, psychological, or sociological deprivation weaken the chances for normal development in these children. The immediate strategy for improving a child's chances depends upon correcting the underlying disorders in the mother, and initiating rehabilitation procedures for the baby as soon as possible after birth. A concerted effort must be made to develop and efficiently use techniques which can compensate for long-term deprivation. A massive, combined effort on the part of the developmental professions in conjunction with the parents is required. A suggested preliminary screening procedure for use by physicians in evaluating children suspected of deviant functioning is outlined. 7 references.

**CD-01525**

Denver Univ., Colo. Center for Social Research and Development.

**Indian Child Welfare: A State-of-the-Field Study.**

Prepared for: Children's Bureau (DHEW), Washington, D.C., (OHD) 76-30095, 421 pp., 1976.

The findings of a survey of the structure, needs, and practices of child welfare services delivered to American Indian children and their families on and off the reservation include a discussion of the legal and jurisdictional status of Indian tribes and its application to child welfare services. Policies and activities of major service providers are analyzed, and child welfare services for Indians and Alaska natives at 19 field research sites are described. The placement of Indian children with non-Indian families is discussed in terms of the volume and impact of placements; the L.D.S. Indian student placement program; the Adoption Resource Exchange of North America; the Indian adoption program; and the Native American Family and Children's Service. In a chapter on the state-tribal relationships and the development of tribal programs, the Washington State Indian desk, the Navajo experience with purchase-of-service contracts, and the tribal involvement in Title XX in Arizona are considered. Social work education for Indians, the state of the field in Indian child welfare, and implications for policy are also covered. State and local social service agencies are responsible for the provision of child welfare services to Indians, not the Bureau of Indian Affairs (BIA). There are real legal and jurisdictional barriers to the delivery of state services to reservations which exercise extensive powers of self-government. Other barriers include a failure to understand tribal cultures; failure to recognize the special legal and cultural factors that arise in providing services to Indians; the relatively low level of Indian involvement in child welfare matters (e.g., foster and adoptive parents); and barriers to the operation of programs by tribal governments and other Indian-run agencies under contract from states or the BIA. The most pressing need is to involve the tribal governments and other Indian organizations in the planning and delivery of child welfare services.

**CD-01526**

Denver Univ., Colo. Center for Social Research and Development.

**Legal and Jurisdictional Problems in the Delivery of SRS Child Welfare Services on Indian Reservations.**

Prepared for: Social and Rehabilitation Service, Washington, D.C., 102 pp., October 1975.

The legal and jurisdictional problems concerning the delivery of Social and Rehabilitation Service (SRS) affiliated services on reservations were explored. Field research performed at 10 Indian reservations showed that one-third of the county agencies provided no protective services on reservations or only made referrals to the Bureau of Indian Affairs. County, state, and federal agencies appear to be enmeshed in jurisdictional uncertainty; consequently, the services provided tend to consist of a complex chain

of referrals, which become increasingly counterproductive to troubled families. Foster care and residential care on reservations are also plagued by problems common to protective services. The patterns of service indicate that (1) there is disagreement about the roles and responsibilities of state or county agencies in providing services; (2) difficulties exist in the licensing of care facilities on reservations; and (3) some state and county courts and state institutions are reluctant to honor tribal court decisions. While major jurisdictional problems require revision of amendments to the Social Security Act, short-term alternatives depend heavily upon the continuation of tribally run child welfare programs. Policy alternatives for the SRS, federal legislators, states, and the Bureau of Indian Affairs are discussed.

**CD-01527**

Illinois Univ., Urbana. Dept. of Sociology.

**Children and Their Caretakers.**

Denzin, N. K.

New Brunswick, N.J., Transaction Books, 333 pp., 1973.

The view that children are incompetent and need highly structured, dogmatic training in order to attain intellectual, emotional, and social maturity has been institutionalized to such a degree that children have been relegated to the category of political objects. Such a fundamental presumption is false; however, children are, nevertheless, victimized by the very institutions which purport to protect them. Forms of abuse, as perpetrated by schools, preschool day care centers, and parents, are illustrated. In-depth examinations by specialists are presented that attempt to isolate specific problems which may be realistically approached and eradicated in future generations. Specific topics include teacher-pupil relations, legal drugging of children, children's rights, day care centers, the philosophical bases of school systems, and the American approach toward juvenile delinquency. Numerous references.

**CD-01528**

Department of Health, Education, and Welfare, Washington, D.C. Intra-Departmental Committee on Runaway Youth.

**Runaway Youth. A Status Report and Summary of Projects.**

Available from National Technical Information Service, 60 pp. (NTIS PB-255 836), March 31, 1976.

This report summarizes the Department of Health, Education, and Welfare's activities on behalf of runaway youth and their families as of March 31, 1976. It is divided into 4 major sections which include background information, a discussion of projects supported by various offices and agencies of the Department, preliminary analysis, and preliminary conclusions. The Department's Committee on Runaway Youth identified 5 types of activities to be undertaken: research; information and data gathering; service, training, and community education model demonstra-

tions and evaluation; the development of standards and guidelines; and the provision of technical assistance and training. The preliminary analysis cites family problems and conflicts as the major reason for running away. These family problems include authority struggles, money problems, physical and sexual abuse, and neglect. A listing of offices and agencies of the Department supporting runaway youth projects, a listing of projects supported under the Runaway Youth Act, summaries of individual runaway youth projects, and a bibliography of materials developed by the projects are provided in the appendices.

**CD-01529**

Development Associates, Inc., Washington, D.C.  
**Assessment of Training and Technical Assistance Requirements of Child Abuse and Neglect Programs and Activities. Final Report.**

Prepared for: National Center on Child Abuse and Neglect (DHEW), Washington, D.C., 84 pp., March 1976.

A national training and technical assistance assessment survey was conducted in order to provide training and technical assistance strategies and detailed plans to be utilized by the Regional Offices and the Indian and Migrant Program Division of the U.S. Office of Child Development. More than 1,400 people from over 900 agencies (primarily social service) were interviewed personally and approximately 300 to 500 more were interviewed in groups of 5 to 30 people. National findings included (1) funding and staffing limitations are major concerns of direct service agencies; (2) more services are needed for victims of child abuse and neglect; (3) more in-service and preservice training about child abuse and neglect is needed; (4) prevention efforts are given low priority; (5) reporting systems are not being used effectively; (6) uniform definitions of abuse and neglect are needed; (7) public awareness is necessary but must be coordinated with agency capability; (8) cultural backgrounds of individuals should influence case-work approaches; and (9) dissemination of information on child abuse and neglect, especially among contemporary direct service personnel, is needed. Regional plans and approaches to training and technical assistance are described; observations on training and technical assistance and the National Center on Child Abuse and Neglect are presented.

**CD-01530**

**Deviant Behavior and Putative Reference Persons: Child Abuse as a Special Case.**

Disbrow, M. A.

*Nursing Research Conference* 5:322-346, 1969.

Seventeen families in which either the parents had been apprehended for child abuse or their children had been taken into protective custody were compared with 19 families drawn randomly from the same neighborhoods in order to test a social psychology theory which would explain the behavior of abusive parents by physical measures. Utilizing a retroactive approach, the following hypotheses

were developed from past findings: (1) social isolation and individualism covary positively and symmetrically; (2) greater social isolation and individualism accompany greater relative emphasis on putative reference persons; (3) conjugal value differences and unilateral decision-making covary positively and symmetrically; (4) greater value differences accompany greater unilateral decision making; (5) parental social isolation and exaggerated parental individualism covary positively and symmetrically; (6) greater isolation and exaggerated rationalism are associated with greater anomic rationality; (7) more behavioral patterns reflecting high emphasis on putative reference persons, unilateral decision making, and anomic rationality increase the probability that child abuse will occur. Subject responses were elicited by both questionnaires and interviews. Overall, the abusive parents were more socially isolated, individualistic as parents, and isolated as parents, and placed more emphasis on putative reference persons than the others. Abusive parents were inclined to rely mainly on traditional disciplining techniques. 33 references.

**CD-01531**

Oklahoma Univ., Oklahoma City. Dept. of Psychiatry and Behavioral Sciences.

**A System of Neglect: Indian Boarding Schools.**

Dlugokinski, E.; Kramer, L.

*American Journal of Psychiatry* 131(6):670-673, June 1974.

Some of the frustrations and dilemmas that derive from maintaining separate boarding schools for American Indian children are examined. Evidence suggests that boarding school experiences accentuate rather than resolve problems for Indian children. Part of the problem stems from uncertainty over the school system's continued existence, and the broad diversity of approaches and of student body make-up of these schools. Real student participation in boarding school affairs, the facilitation of intra- and inter-staff communications, and innovative planning are discouraged or deterred by an emphasis on stability and status quo. The needs of the Indian children should be identified and given priority. Needs include counseling services and innovative teaching techniques, because these children do not learn optimally from traditional classroom techniques. The Indian students are far behind the national norms academically. Problems of acculturation become more severe with the onset of puberty. Counseling activities which would be helpful include group therapies and house meetings, peer-oriented informal rap centers, and course material in which personal adjustment is the major focus. In general, differences in language, culture, philosophy, and traditions among the 30 different tribes represented in the Indian boarding schools are ignored. Many changes in the system will be required to make these schools a force that enhances the growth and development of each Indian youth to his fullest potential. 15 references.

**CD-01532**

California School of Professional Psychology, San Francisco.



**Differential Attitudes Towards Punishment and Child Abuse.**

Dolder, S.J.L.

Doctoral Dissertation. Ann Arbor, Mich., University Microfilms, 202 pp., 1975.

The differences among groups regarding attitudes toward punishment and behaviors of parents were studied via responses to a 144-item questionnaire. One hundred and twenty pediatricians, social workers, policemen, teachers, middle-class working adults, and high school seniors were placed into 20-member groups and were asked to rate 72 punishment incidents counterbalanced for various modes of punishment, degrees of punishment, and age groups. Respondents were asked to rate the incidents on the dimension of acceptability and the degree to which the respondent would take some action. Analysis of variance and post hoc orthogonal comparisons were used to compare differences between the action and acceptability questions for each group and the total group means. Students had the fewest significant differences in their responses to the two questions and workers had the greatest number of significant differences. Factors operating in the comparisons appear to be the amount of training in areas related to abuse and neglect, the extent to which a group must use a legal definition, and the amount of direct involvement with children. Conclusions of the study support the necessity of public awareness education, professional training, multidisciplinary cooperation, and parenting training. 230 references.

**CD-01533**

Greater Manchester City Police (England).

**Police Involvement.**

Dow, M.

In: Borland, M. (Editor). *Violence in the Family*. Atlantic Highlands, N.J., Humanities Press, Inc., pp. 129-135, 1976.

The police department has long served as a social agency in the community, particularly during the hours when traditional social service agencies are closed. Individual officers often perform their roles not only as law enforcement officers, but as helping agents for the victim and, sometimes, the lawbreaker. The capacity for social service delivery by those in the police sector has received little recognition. Mutual respect and cooperation between the police and social service agencies can be more beneficial to the client than a fragmented treatment approach. This is particularly pertinent in cases of child abuse and domestic disputes. It is important to realize the defenselessness of the child in such situations, while safeguarding the rights of the parents.

**CD-01534**

Mayo Clinic, Rochester, Minn. Child and Adolescent Psychiatry Section.

**The Immediate Management of Suicidal Attempt in Children and Adolescents: Psychological Aspects.**

Duncan, J. W.

*Journal of Family Practice* 4(1):77-80, January 1977.

The childhood and adolescent population at risk for suicide is discussed; the risk in the individual patient is assessed; and the immediate management of attempted suicides in this age group is discussed. Completed suicide is very uncommon before the age of 12. The population at risk under age 12 include those who feel abandoned because of neglect, abuse, or bereavement. While loneliness and unrealistic thinking may cause self-destructive behavior in young children, the primary motivating factor in older children and adolescents is anger. Adolescents at risk include those who experience feelings of utter helplessness and hopelessness, and those who use self-destructive behavior to manipulate others. The family doctor is frequently the first physician contacted when suicide is attempted. The patient should be hospitalized. Future attempts will be less likely if the physician can elicit the adolescent's awareness of his anger, diminish the child's self-contempt, help him to explore nondestructive solutions to his problems, and increase his awareness that his death by suicide would cause irreparable emotional damage to his family. Psychiatric consultation should be obtained in those cases in which the patient has attempted suicide more than once, when the physician cannot elicit sufficient data to assess accurately the patient's intent, and when the physician suspects underlying psychiatric disorder such as depression or schizophrenia. 8 references.

**CD-01535**

Louisiana State Univ. and Agricultural and Mechanical Coll., Baton Rouge. School of Social Welfare.

**Multivariate Implications in Child Abuse.**

Durham, M. E.

Master's Thesis. Louisiana State Univ. and Agricultural and Mechanical Coll., Baton Rouge, 81 pp., 1976.

A study of the etiology of child abuse consists of a literature review and factor analysis of 60 cases that occurred in 2 different communities in Idaho and Louisiana. From the literature there evolved the general hypothesis that child abuse is a condition that results from multiple independent variables that are causal to the dependent variable, child abuse, and these independent variables are organized around underlying factors producing types of causation. Seven general areas were defined as being part of the abusing environment: (1) the cohesion of the family; (2) isolation; (3) deviance; (4) life stresses and tensions; (5) personality type; (6) means of abuse; and (7) antecedent child behavior. These 7 variables provided 145 variables which were factor analyzed with respect to exploratory uses; hypothesis testing was also performed. The findings showed that there were enough causal relationships among the variables to describe the factors and relate the various factors to family cohesion, deviance, preceding behavior of the child, the means of abuse, and life stresses and tension. Child abuse must be thought of as a heterogeneous condition that can be classified into patterns or underlying factors. Analysis of these patterns requires improvements

in the recording of data in child abuse records. 10 references.

**CD-01536****Critique of Deviant Behavior and Putative Reference Persons: Child Abuse as a Special Case.**

Downs, F. S.

*Nursing Research Conference* 5:347-351, 1969.

Some statistical and experimental design problems with a theoretical attempt to define the characteristics of abusive parents are discussed. A major drawback was the small number of abusive parents in the sample of the original study. Matching rather than random sampling would have provided a better basis for comparison with controls. The original study found that more abusive parents than controls chose a method of punishment (belt or paddle) which did not involve direct contact of the parent with the child. However, this included only 36 percent of the abusing parents. The chief value of the original study was the theoretical structure that was developed. 2 references.

**CD-01537**

New York State Assembly, Albany.

**Law and the Legislative Process.**

Duryea, P.

In: *Proceedings of the First National Conference on Child Abuse and Neglect*. Regional Inst. of Social Welfare Research, Athens, Ga., (OHD) 77-30094, pp. 19-20, 1977.

The limits of what can be done about child abuse by the law is discussed. The murder in New York City of 2 children by their mother and her boyfriend illustrates this limitation: the family had been reported for child abuse more than 2 years previously, and the New York State law is considered one of the best in the country. Most child abuse laws are reporting laws. Many states are increasingly adopting child protective services acts to create the institutional framework for the reporting and investigation of suspected cases of child abuse and neglect. Most of these laws establish a mechanism for the provision of some type of treatment services, but treatment services are the least developed and the least innovative part of the child protective system. The development of community-based services to help families in stress is an approach that sees child abuse and neglect as a family problem.

**CD-01538****Letters to the Editor.**

Early, B. C.; Welsh, R. S.

*Journal of Clinical Child Psychology* 6(1):54-56, Spring 1977.

In a series of letters, one author severely criticizes a published article on the possible relationship between severe parental punishment and delinquency as being unscientific and having racist overtones. The article implied that Blacks and Puerto Ricans are high abusers of children and use corporal punishment to discipline their children. In his rebuttal, the author of the original article restates some of his statistics and points out that he was not studying child abuse as such but rather its close relative, severe parental discipline. He concludes that the apparently more severe parental punishment among Black families accounts for the greater male Black homicide rate than white male homicide rate. 16 references.

**CD-01539**

Massachusetts Society for the Prevention of Cruelty to Children, Boston. Children's Protective Services.

**Implications for Protective Service Practice of Recent Advances in Theory and Practice.**

Ebeling, N. B.

In: *Fifth National Symposium on Child Abuse*. Denver, Colo., American Humane Association, pp. 40-46, 1976

A deeper sense of community responsibility has hastened a number of changes in the child protection field. The issue of children's rights is now being examined closely and standards are being set for protective and other services dealing with children at the federal and state levels. Many changes have also been made in child protection laws throughout the United States. The use of multidisciplinary teams and different collaborative methods, such as shared services and purchase of service agreements, are becoming more common and are having a major impact on protective services throughout the country. The difficulty in assessing many of the changes in the field and in disseminating information about successful new methods are still problem areas. 5 references.

**CD-01540**

Education Commission of the States, Denver, Colo. Child Abuse and Neglect Project.

**Child Abuse and Neglect in the States: A Digest of Critical Elements of Reporting and Central Registries.**

Education Commission of the States, Denver, Colo. Child Abuse and Neglect Project, Report No. 83, 21 pp., March 1976.

Comparative background information about who must or may report suspected cases of child abuse, and about state central registries is presented. Specific information listed includes persons mandated to report, modes of reporting, authorities to whom reports are made, penalties for failing to report, and immunities from prosecution. Central regis-

tries essentially function to (1) provide accurate incidence data about the various forms of abuse and neglect, (2) provide a way to identify repeated abuse and neglect situations, and (3) maintain a body of data from which research might begin. Specific information about central registries includes statutory status of the registry, what parties have access to reports, and the kinds of penalties for improper use or release of information in the registry.

**CD-01541**

Education Commission of the States, Denver, Colo.  
**State Trends and Priorities in Services for Children and Their Families: A Report of a Telephone Survey.**  
 Education Commission of the States, Denver, Colo., Report No. 16, 16 pp., May 1976.

The results of a 1975 telephone survey of the 50 states, Puerto Rico, and the Virgin Islands to determine state priorities for young children are presented in a composite of responses from officials in state departments of education and human resources, governors' offices, and governors' legislative liaisons. Officials concurred on factors impeding improvement of state performance in meeting children's needs: service delivery systems; minority and impoverished target populations; administrative coordination; staffing shortages; training and public education needs; federal paperwork demands; and data collection deficiencies. Child abuse and neglect was listed as a top priority, and the previous 5 years had been an active period legislatively in this area. However, staff and funding shortages made difficult the task of handling the increased caseloads. Inadequate foster care settings or other community-based facilities made placement difficult for those children removed from their homes. Future trends indicated continued emphasis on conforming with federal requirements; more involvement from departments of education, in terms of both detection and prevention; and greater emphasis on day care, family counseling, parent education, and homemaker services as preventive measures.

**CD-01542**

Education Commission of the States, Denver, Colo.  
**Education for Parenthood. A Primary Prevention Strategy for Child Abuse and Neglect.**  
 Education Commission of the States, Denver, Colo., Report No. 93, 24 pp., December 1976.

Parent education, which includes any kind of educational effort designed to increase parental competence and self-esteem in the parenting role, is a promising strategy for a primary prevention attack on child abuse. Data show that the cognitive development and the social-emotional development of the newborn infant are heavily dependent upon his formative experience, especially the attitudes and behaviors of his parents. Research indicates that parental attitudes can be changed through education. To be a viable strategy for child abuse prevention, parent education must focus on the social and emotional factors critical to the parent-child system. Past assumptions and emerging pat-

terns in parent education are discussed. Because of the complexity of the dynamics of child abuse, a continuum of intervention models ranging from minimal to maximum levels of involvement should be examined, and models for parenting education programs should be developed for various stages of child development. Among the issues in child abuse and parent education listed is the difficulty in demonstrating the effectiveness of education in preventing abuse, primarily because parent education programs have been targeted to only small subgroups of the population. While parent education as a preventive strategy for child abuse appears to have philosophical, theoretical, and research support, not all parents have identical needs. Program strategies should address ways of individualizing content and delivery modes. Some possible areas for action are listed. 21 references.

**CD-01543**

Education Commission of the States, Denver, Colo. Child Abuse and Neglect Project.  
**A Comparison of the States' Child Abuse and Neglect Reporting Statutes.**  
 Education Commission of the States, Denver, Colo. Child Abuse and Neglect Project. Report No. 84, 8 pp., March 1976.

An overview of the current status of the child abuse and neglect reporting laws in the U.S. consists of a listing of the most pertinent aspects by state. Included are the legal citation, year of enactment, effective date, purpose of the legislation (mandatory reporting), reportable age, definitions of child abuse and neglect, school reporting responsibilities, immunity, mandatory investigation, confidentiality of records, cooperation with other agencies, guardian ad litem, administrative proceedings, personnel or facilities, and dissemination of information.

**CD-01544**

Education Commission of the States, Denver, Colo. Child Abuse Project.  
**Teacher Education--An Active Participant in Solving the Problem of Child Abuse and Neglect.**  
 Education Commission of the States, Denver, Colo., Report No. 99., 14 pp., April 1977.

The results of a study designed to assess the effectiveness of teacher education programs in child abuse in HEW Region VIII are reported. The study was undertaken to determine whether teacher education programs are providing instruction in the area of child abuse and neglect; the format of the presentation; the amount of time spent on training teachers; the department or combination of departments providing the instruction; whether the training is mandatory or optional; whether instruction is offered at the graduate or undergraduate level; the content of the curriculum; whether plans for providing instruction exist if no training is currently provided; why instruction on child abuse and neglect is or is not provided; and whether university personnel are aware of the teachers' legal responsi-

bility to report. Findings indicated that teachers and other professional school personnel should be trained to participate effectively as members of multidisciplinary teams; more intensive examination of the instruction offered prospective teachers should be undertaken; there appears to be no agreement about what should be included in an instructional sequence regarding child abuse and neglect; and a very modest amount of time is being devoted to instruction in this area. Recommendations are made concerning training programs for teachers in the area of child abuse and neglect.

**CD-01545**

Education Commission of the States, Denver, Colo., Child Abuse and Neglect Project.

**Education Policies and Practices Regarding Child Abuse and Neglect and Recommendations for Policy Development.**

Education Commission of the States, Denver, Colo., Report No. 85, 64 pp., April 1976.

To assess the nature and extent of education's involvement in child abuse programs, the Education Commission of the States conducted a 2-part assessment of current policies, instruction, activities, and problems in institutions and professional educational groups in regard to child abuse. Approximately 390 educational groups and institutions were contacted by phone and mail. Of the state boards of education, 17 percent had policies, procedures, or regulations relating to child abuse or neglect; the remainder did not. Sixteen percent of the state departments of education had some kind of policy; the remainder did not. Of 233 institutions surveyed, 24 percent had policies and 76 percent did not. The data suggest education's relative inactivity or disinterest regarding the problem of child abuse, but it was clear from discussions with many of the respondents that policy development, staff training, and other programs are being planned. Provisions in the 1974 federal Child Abuse Prevention and Treatment Act include at least 3 requirements that directly involve education: (1) the state must have administrative procedures, trained personnel, training procedures, and multidisciplinary programs sufficient to assure enforcement of child abuse and neglect laws; (2) the state must provide for cooperation among agencies involved with the problem; and (3) the state must provide for public dissemination of information on child abuse and neglect. Practical suggestions to help education policy-makers develop and implement effective policies are outlined. Four appendices include a description of the study, samples of the study instruments, tabulated findings, and several samples of child abuse policy statements. 9 references.

**CD-01546**

Minnesota Univ., Minneapolis, Dept. of Psychiatry.

**Family Treatment of Ongoing Incest Behavior.**

Eist, H. I.; Mandel, A. U.

*Family Process* 7(2):216-232, 1968.

Family therapy in an ongoing incest case is described. Critical factors in the development of incest behavior are elucidated and techniques for dealing with them are discussed. The family consisted of the mother, father, and 6 children. The father and 14-year-old daughter were the primary dyad, but all members of the family exhibited unusual sexual behavior. Typically, each member of the family had low self-esteem and suffered from role reversal. The father was a rehabilitated alcoholic who blamed his sexual activity with his daughter on his previous alcoholism. A male and female collaborated as therapists on the case and attempted to provide the family with positive, growth-producing extrafamilial relationships. Incestuous families are generally xenophobic; thus, the development of therapeutic integrity was a major factor in keeping the family involved in the sessions. The major problem which had to be overcome during therapy was the conflict between the already existing chaos and disorganization in the family and the necessary development of personal respect among family members. The more conscious a member became of himself, the more threatening he was perceived as by others in the family. The children's unusual sexual behavior was considered an adoption of the parents' own attitudes toward the incestuous relationship. By initiating self-respect and providing extrafamilial outlets for members of the family, the therapy successfully altered the rigidly interlocked patterns which originally played an instrumental part of the incestuous behavior, and patterns of behavior were established to prevent its recurrence. 15 references.

**CD-01547**

Children's Hospital of Pittsburgh, Pa.

**Abused Children and Community Resources.**

Elmer, E.

*International Journal of Offender Therapy* 11(1):16-23, 1967.

Various methods of handling child abuse and neglect cases are illustrated by case reports: the child may remain at home with voluntary casework received by the parents; the child may remain at home with protective casework prescribed for the parents; the petition to remove the child from the home may be denied and the parents may be placed on probation; the petition to remove the child may be granted and the child removed to a substitute home; the abusive parent may be imprisoned and the child removed to a substitute home; or a variety of community efforts for the family and the child may be instituted. The most effective measures include placing the child away from the home for a definite length of time, or providing a wide range of community services while the child remains at home, with tacit permission for the parents to respond at their own pace. Recently, mandatory laws to report child abuse were passed in most of the U.S., but they will be of little value unless backed by sufficient personnel, who are aware of the needs of every member of the family. 5 references.

**CD-01548**

Pittsburgh Univ., Pa. School of Medicine.  
**A Follow-up Study of Traumatized Children.**  
 Elmer, E.  
*Pediatrics* 59(2):273-279, February 1977.

A group of 17 children who had been abused as infants were matched for age, race, sex, and socioeconomic status, and compared with a group of 17 children who had been injured in accidents. The study was carried out 8 years after each had been studied in infancy. Each traumatized group was also compared with a matched untraumatized group with no known history of abuse or infantile accident. The majority in each group were from the lower class. It was hypothesized that the abused children would fall below the nonabused in health history and development, intellectual functioning, language, and self-concept, and that the abused children would score higher in impulsivity and aggression. However, clinical assessment revealed few group differences. There was a surprisingly high incidence of various problems across all 3 groups. Seventy percent of the children had speech problems; over 50 percent showed some sort of disturbance; and 39 percent were achieving poorly in school. These disabilities were distributed randomly throughout all 3 groups. Most of the children appeared sad and fearful of personal attack by adults or other children. Many mothers reported that the families, regardless of the group, experienced constant violence. The effects of lower-class membership on child development may be as powerful as abuse. 17 references.

**CD-01549**

Pittsburgh Child Guidance Center, Pa.  
**Follow-Up Study of Traumatized Children. Final Report.**  
 Elmer, E.; Reinhart, J. B.; Evans, J. B.  
 Pittsburgh Child Guidance Center, Pa. 117 pp., 1975.

The inadequacy of information about the development of abused children subsequent to their mistreatment has prompted a series of studies which investigate a sample of abused children at intervals until they are adults with their own children. Data are available from 3 time periods in the lives of a sample population of traumatized children. Seventeen abused children were matched with 17 accident-injured children on age, race, sex, and socioeconomic status. Follow-ups were conducted at 1 and 8 years after hospitalization. The group involved in accidents was compared at the initiation of the study and 1 year later. Another group of nontraumatized controls was added 8 years after project initiation. Reanalysis of the first 2 sets of data indicates significantly lower education and less stability for abusive mothers than nonabusive mothers. Abused children had significantly less weight gain than children who were involved in accidents. In the follow-up study it was hypothesized that the abused would fall below the accident children in height, weight, language development, self-concept, and intellectual functioning, and that abused children would score higher in number of illnesses and accidents, impulsivity, and aggression. Both families and children were given a series of tests and were

interviewed extensively. Results indicate the accuracy of only a few of the hypotheses. This was partially due to errors in initial classification and judgments (9 years earlier). Neglect was also a factor which had earlier been ignored but appeared at follow-up as a significant factor related to intellectual retardation. The absence of substantial differences in the groups on family variables was observed clinically and through test results. Lower-class membership appeared as a more potent variable than abuse in the subsequent development of the child. The implications of the follow-up study are that a whole segment of the population needs more attention. An increase in education and resources for disadvantaged families is essential. 59 references.

**CD-01550**

Maryland Univ., Baltimore. School of Social Work and Community Planning.  
**Treatment of Child-Abusing Families, III. An Evaluative Assessment.**  
 Ephross, P. H.  
 Prepared for: Sinai Hospital of Baltimore, Inc., Md., 41 pp., September 1974.

The findings of an evaluatory assessment of the third year of operation of the Child Abuse Project (Pediatric Family Clinic) conducted by Sinai Hospital of Baltimore are summarized. During the year under review, staff changes and reverberations from those changes were a source of organizational stress and strain. Missed appointments were a significant challenge requiring further investigation and planning. Interviews with parents determined a high level of positive feeling about help received, although with some ambivalence. Parent profiles were unchanged from past surveys; they were predominantly Black and from the inner-city. A computerized compilation of findings about the service population over a 3-year-period is currently underway. Recently instituted services to groups represent a major service innovation. The project's team approach has demonstrated effectiveness in dealing with all types of parents, including the emotionally disturbed. Revision of evaluation instruments is suggested.

**CD-01551**

Maryland Univ., Baltimore. School of Social Work and Community Planning.  
**Treatment of Child-Abusing Families. An Evaluative Assessment.**  
 Ephross, P. H.  
 Prepared for: Sinai Hospital of Baltimore, Inc., Md., 48 pp., September 1972.

The first year of performance of the Child Abuse Project conducted by the Sinai Hospital of Baltimore is assessed. The evaluation consisted of (1) administrative assessment, including interviews with each staff member and a review of case files; (2) independent interviews by a research interviewer with 3 of the families served by the project; (3) independent judgments made by the interviewer and pro-

ject coordinator; and (4) data from questionnaires. The project staff consisted of a pediatrician, psychiatrist, clinical social worker, community aide, and registered nurse. The project team was determined to be highly cohesive, exhibiting a high level of enthusiasm. The community aide's role was particularly important because he represented the team in the community, provided services, and received feedback from clients and the community. The location of ongoing medical treatment remained a significant problem. Further expansion of the project is recommended, with special attention to maintaining team interpersonal relations. A positive response to project services was elicited from parents; they generally accepted the reality of past abusive behavior. Fifty percent of the clients were from the inner-city, and clear evidence of present or past injury threatening the child's life was found in 45 percent of the cases. Further efforts are urged to understand why cases become inactive, and how to provide services to such families.

**CD-01552**

Maryland Univ., Baltimore. School of Social Work and Community Planning.

**Treatment of Child-Abusing Families, II. An Evaluative Assessment.**

Ephross, P. H.; Weissman, L. A.

Prepared for: Sinai Hospital of Baltimore, Inc., Md., 58 pp., September 1973.

The findings of an evaluative assessment of the second year of operation of the Child Abuse Project conducted by Sinai Hospital of Baltimore are summarized. The project staff expanded by 1 community aide during the evaluation period. High staff morale was evidenced, as was a high level of open and disciplined interpersonal relations among staff. Project services are highly valued by those parents served. In spite of differing aims perceived by parents and staff at the onset, parents felt they understood what the staff was saying and felt understood by the staff. Most negative ratings of the program were confined to 2 families which were different from the others in religion and living arrangements. Parent profiles remained relatively unchanged from the first year, predominantly from the inner-city and predominantly 2-parent families. The project continued to serve primarily physically abused children. While a large proportion of the parents had treatment-resistant sociopathic personalities, the project still enjoyed a high successful treatment rate. The net active caseload increased from 15 to 25 cases. The addition of services to parents in groups is anticipated.

**CD-01553**

Wisconsin Univ., Madison.

**Social Class and Corporal Punishment in Childrearing: A Reassessment.**

Erlanger, H. S.

*American Sociological Review* 39(1):68-85, February 1974.

Interpretations of numerous studies on corporal punishment and social class performed since 1932 have indicated

a strong link between the working classes and the use of corporal punishment. Evidence indicates that this link, at best, is tenuous; there are data showing that those in the middle class and those with higher education have a greater tendency to approve and use corporal punishment. A review of earlier studies reveals some discrepancy in the results. Comparisons between the studies are difficult since some questioned adults about their treatment as children; some questioned the adults about treatment of their own children; and some asked both. In one study the social class of the group was simply assumed without identifying the group analytically. Certain factors were not corrected in the studies, such as the circumstances under which the child might be punished and at what age corporal punishment would be acceptable. There are also problems in population sampling and the nature of the indicators. Working class authoritarianism, the tendency toward physical violence, the relationship to child abuse, a subculture of violence, and other qualifying factors are discussed as they relate to corporal punishment and class.

**CD-01554**

Marin Open House, Calif.

**Women: Pregnancy, Children, and Addiction.**

Escamilla-Mondanaro, J.

In: Bauman, A. *Women in Treatment: Issues and Approaches*. Rockville, Md., National Institute on Drug Abuse, pp. 59-79, August 1976.

Results of a study of chronically addicted (heroin) pregnant women who wanted to maintain their pregnancies are presented. The average subject was 26 years old, had an income of \$2,000 annually, had 11 years of education, and had no job skills. The typical family history included strict sex role socialization, emotional neglect in infancy, and criticism and punishment for failure to meet parental expectations. Social oppression, sexism, racism, and classism reinforce the familial experience. These factors combine to produce alienation, dependency, low self-esteem, and lack of self-confidence. Without adequate intervention, these women reproduce their family environment and their children suffer from deficient parenting. Treatment programs that maintain a punitive attitude reinforce the problem, and should be replaced with comprehensive health programs. 16 references.

**CD-01555**

Columbia Univ., New York, N.Y. School of Social Work.

**Parental Failure and Consequences for Children. The Drug-Abusing Mother Whose Children Are in Foster Care.**

Fanshel, D.

*American Journal of Public Health* 65(6):604-612, June 1975.

A 5-year longitudinal study beginning in 1966 was conducted of children who had entered foster care in New York City. Criteria for their inclusion in the sample specified that the children range in age from infancy to 12 years,

that they should not have experienced prior foster care, and that their tenure in care be not less than 90 days. The sample consisted of 624 children from 467 families. Forty-four children of 33 mothers in the sample were placed into foster care because their mothers had severe drug abuse problems. Comparative analysis of these children with the remaining sample indicated that 73 percent of them were born out-of-wedlock while this was true of 47 percent of the remaining children. Eighty-six percent of the mothers were on public assistance, as compared to 50 percent of the mothers of the remaining children. Children of drug-abusing mothers entered care at a younger age than did the remaining children, indicating that the drug-abusing mother tended to become disabled in her child-caring functions earlier than the other mothers. Seventy percent of the children with drug-abusing mothers were still in care at the end of 5 years. This contrasted with 35 percent of the children of mothers who had been hospitalized for mental illness; 21 percent of children who required care because of their own behavior; 26 percent of children whose mothers had been physically ill; and 44 percent of children who were neglected or abused by their parents. Aside from their greater tendency to be locked into permanent foster care, the 44 children of drug-abusing mothers tended to have more turnover in care. Developmental and intellectual examination of the children demonstrated them to be no more problematic than the other children in the sample. Approaches to improving the situation for children of drug-abusing mothers are suggested. 13 references.

**CD-01556**

Columbia Univ., New York, N.Y. School of Social Work.  
**Parental Visiting of Children in Foster Care: Key to Discharge?**

Fanshel, D.

*Social Service Review* 493-514, December 1975.

A sample of 624 New York City children in foster care was studied in a 5-year longitudinal investigation of parental visiting patterns. Children who entered care due to their own behavioral or emotional disorders received a high level of visitation during the study periods from 1966 to 1971. These children generally came from intact families which were economically better off than families associated with low visiting rates. Children of mentally handicapped parents were particularly advantaged with respect to parental visiting. By the end of the study 1 out of 3 children in the neglect or abuse category and only 1 in 5 who were abandoned were visited by a parent. Unmarried mothers who were unwilling to care for their newborns remained among those with low levels of visitation; at the conclusion of the study, only 1 in 10 mothers from this category engaged in frequent visiting of their children. With the discharge of children over time, the residual group was increasingly saturated with unvisited children. In 2 out of 5 cases, parental visiting was either consistently low or declining over time. High parental visiting correlated well with discharge rates, particularly during the earlier time periods of the study. Increased investment of

casework time in a family was linked to a higher level of visitation. Records of family visitation patterns offer a useful indicator for service agencies to monitor for program effectiveness. 14 references.

**CD-01557**

New Hampshire Univ., Durham.

**Toward a General Stress Theory of Intra-Family Violence.**

Farrington, K.

National Council on Family Relations Annual Meeting, Salt Lake City, Utah, 49 pp., August 1, 1975.

A general stress framework consists of (1) the stress stimulus; (2) objective demand; (3) subjective demand; (4) response capabilities; (5) choice of response; and (6) stress level. These variables can be applied to intra-family violence including instances of child abuse. The greater the number and intensity of stress stimuli encountered by an individual or family, the greater the demands with which that individual or family will have to deal. Furthermore, the greater the demands facing an individual or family, the greater the likelihood that some response will have to be made in attempt at mastery. When fewer resources are available, the likelihood of use of violence, especially if it is culturally or socially sanctioned, will increase. These and 15 other related propositions demonstrate that child abuse can be the result of different stress perceptions. It can be an assertive response directed at the cause of a certain problem, or it can be a reaction to frustration. The incidence of both of these categories of violence increases as one moves down the ladder of socioeconomic status. 40 references.

**CD-01558**

National Society for the Prevention of Cruelty to Children, London (England).

**The Work of the National Society for the Prevention of Cruelty to Children (N.S.P.C.C.).**

Fenby, T. P.

*International Journal of Offender Therapy and Comparative Criminology* 16(3):201-205, 1972.

The functions of the National Society for the Prevention of Cruelty to Children (NSPCC), which is concerned with breaking generational patterns of depression, personal neglect and child abuse, are discussed. Efforts to break this cycle include working with parents and children while the children are still young, before they begin to follow their parents' example. Each case is treated on its own merits; inspectors instruct mothers in homemaking skills, how to manage finances, and how to respond more affectionately to their children. Care for children at risk of abuse includes exposing the child to other children and adults outside the home, and involvement in either community playgroups, which consist of children from a high risk neighborhood, or therapeutic playgroups, which provide care and stimulation for children from disturbed family backgrounds or for handicapped children. Less than 2 percent of all NSPCC cases are referred to court and only 0.5 percent result in prosecution.

**CD-01559**

Office of Child Development (DHEW), Washington, D.C. Children's Bureau.

**Addressing Children's Needs.**

Ferro, F.

*Children Today* 2(6):12-13, 35, November-December 1973.

Recent recognition of children's rights demonstrates many long-standing inequities in legal proceedings involving children. Recent decisions have also given a child accused of a crime or violation the right to recourse and due process before the law. More courts are now considering children's rights more fully in custody cases, confirming a child's right to loving parents, a right which may supersede traditional parental rights. Other rights, such as a child's right to legal counsel and the right to a hearing in such cases as school expulsion or labeling have also been considered in recent court decisions.

**CD-01560****All in the Family Therapy. I. Treating the Family System.**

Fields, S.

*Innovations* 1-7, Summer 1974.

The Philadelphia Child Guidance Clinic utilizes a structural family which approaches the individual in his social context. Therapists are introduced to the child with all the other members of the child's household or significant people in a child's life; therapy under such conditions increases the options available for lasting, beneficial change. Therapeutic tactics employed include mimesis, manipulation, maintenance, task assignment, mood manipulation, and the use of a family map; examples of each of these techniques in use are cited. The second element of the Philadelphia Child Guidance Clinic program is education. The Institute of Family Counseling trains paraprofessionals in family therapy and makes considerable use of one-way mirrors and video tapes. The Clinic is also involved in a unique research project in the area of psychosomatic disorders which has major implications for family therapy. 1 reference.

**CD-01561**

Army Community Service Center, Fort Carson, Colo.

**An Overview of Child Abuse and Treatment Programs.**

Fiorello, T. M.

Army Community Service Workshop of the National Conference on Social Welfare, Chicago, 74 pp., May 1972.

Cultural mores, parent-child role reversal, lack of mothering ability, and isolation of the parents are among the more popularly accepted causes of child abuse. The need for reporting is discussed and guidelines for detection are enumerated. Procedures of case management by the Fort Carson Child Abuse Board are described and legislative requirements for protective service departments in Colorado are appended. Criteria for success in treating abusive parents are listed. Programs which are or would be particularly helpful in ameliorating the problem include com-

munity education, parenting aides, use of a battered child coordinator, child protection centers, Parents Anonymous, family life education, family planning, neighborhood-based public health services, and supportive social services. 37 references.

**CD-01562****The Abusers.**

Fisher, G.

Milford, Mich., Mott Media, 213 pp., 1975.

An autobiographical account of child abuse as suffered by a man who became an evangelical Christian preacher is presented. His addiction to drugs and alcohol is reviewed, as well as the time spent in jails and mental hospitals until he was nearly 30 years old. Several attempts at suicide are also discussed. His conversion to Christianity and experiences which took place since becoming a preacher are recounted. Three appendices include a list of recommended reading, a list of 25 ways to prevent abuse, and advice for counseling in cases of child abuse.

**CD-01563**

Denver Dept. of Health and Hospitals, Colo. Child Study Program.

**Cognitive Development of Abused and Failure-to-Thrive Children.**

Fitch, M. J.; Cadot, R. V.; Goldson, E.; Wendell, T.; Swartz, D.

*Journal of Pediatric Psychology* 1(2):32-37, Spring 1976.

Developmental evaluation was carried out on 45 physically abused children (NAT) at the time of hospital admission and 6 months later, and compared with developmental evaluation among 18 nonabused failure-to-thrive children (FTT) and 19 control children. Demographic data were obtained from the hospital charts, and development was measured by either the Bayley Scales of Infant Development or the McCarthy Scales of Children's Abilities. The most common injuries were bruises, fractures, lacerations, and burns. Abused children were hospitalized at a significantly younger age than the general pediatric population. The mean age of FTT children at hospitalization (5.05 months) was significantly lower than that of the NAT children (21.3 months). There was a much higher proportion of Anglos and a lower proportion of Chicanos within the abused population than would be expected from the ethnic background of those using the inpatient facilities of the hospital. Prenatal care for the parents of the abused children was not significantly different from that for other mothers in the same period. A significantly smaller proportion of abused children's mothers demonstrated a desire to breast-feed compared with control mothers. Developmental testing revealed a wide disparity between abused subjects and the control groups, with the mean scores of the latter being significantly higher on both administrations of both scales of the Bayley. Generally, the same results were observed with the McCarthy test. The NAT and FTT groups scored similarly on the first testing of the Bayley.



Abused children scored generally lower than control subjects in areas of cognitive development. At the second testing, the mean scores for the FTT group were somewhat less than on initial testing, while those for the NAT group were somewhat higher. Several questions about the relationship between ethnicity and abuse and its reporting are raised. 17 references.

**CD-01564**

Hennepin County Attorney's Office, Minneapolis, Minn.

**Sexual Assault: The Target Is You!**

Flakne, G. W.

Hennepin County Attorney's Office, Minneapolis, Minn., 51 pp., 1977.

This booklet describes sexual assault and offers practical suggestions regarding what a sexually assaulted person should do and how to discourage sexual assault. Prevention of assault in various settings is discussed. Several do's and don't's are listed regarding action immediately after the assault. The feelings of the sexually assaulted person are described, and suggestions for helping someone who has been assaulted are made. Procedures for reporting are described, and the medical examination is outlined. The role of the police in such cases is presented, and the procedure for prosecution is described. The reactions of children to sexual abuse and molestation are discussed, as well as the reactions of the families to these situations. Typical case aftermath in sexual assault cases is reviewed, and the difficulty in prosecuting child molesters is noted. Minnesota's criminal sexual conduct law and its maltreatment of minors reporting law are summarized. A directory of community services, police, and helping agencies in the Minneapolis-St. Paul area is included.

**CD-01565**

Hennepin County Attorney's Office, Minneapolis, Minn.

**Sexual Assault Services. Sexual Assault: A Manual for Law Enforcement, Medical, Social Service, Volunteer and Prosecutorial Personnel and Agencies.**

Flakne, G. W.

Hennepin County Attorney's Office, Minneapolis, Minn., 142 pp., undated.

In this manual on sexual assault, various types of sexual assault are defined and the perpetrators and their reasons for such acts are described. Some suggestions are made as to what to do in case of a sexual assault, and the reasons for reporting sexual assault are discussed. The sexually assaulted person may manifest a variety of emotional responses. The routine investigation of sexual assault cases by the police is outlined, and the medical examination at the hospital is detailed. Sexual assault should be prosecuted just as any other crime. Prosecution of such cases carries certain involvements of the victim. Some practical suggestions for preventing sexual assault are offered, as are suggestions for helping someone who has been sexually assaulted. Child abuse, child molestation, and incest are briefly treated as other sexual assaults and family abuses.

Characteristics of the father-male parent role, the mother-female parent role, and the victim in an incestuous relationship are listed, as well as factors which keep the victim within the family and sustain the incestuous relationship. The Minnesota Maltreatment of Minors Reporting Law is summarized.

**CD-01566**

Louisiana State Univ., Baton Rouge. Dept. of Psychology. **Personality Characteristics of Abusing and Neglecting Mothers.**

Floyd, L. M.

Doctoral Dissertation. Ann Arbor, Mich., University Microfilms, 97 pp., August 1975.

Twelve abusing, 12 neglecting, and 32 control mothers were compared on 8 measures in a study of the personality characteristics of abusing and neglecting parents. The major predictions were that abusing mothers would score higher on a measure of dependency frustration than neglecting mothers, and that neglecting mothers would score higher than controls; neglecting mothers would score lower on a measure of nurturance than abusing mothers, and abusing mothers would score lower than controls; and abusing mothers would score lower on a measure of interpersonal self-esteem than neglecting mothers, and that neglecting mothers would score lower than controls. Several nondirectional hypotheses were also tested regarding interpersonal relationships. Abusing parents expressed more dissatisfaction with the affection they gave and received than neglecting parents, but otherwise, the mothers in these 2 groups were similar. Both groups differed from controls by scoring higher on Thematic Apperception Test need aggression, and lower on family adjustment and interpersonal self-esteem. The abusing and neglecting parents appeared more dependent and more frustrated in the satisfaction of their dependency needs; they had lower thresholds for the expression of aggression, had less self-confidence, and had families which functioned less effectively. The initial goals in therapy should be directed toward providing support for these mothers and indulging their dependency needs. Family therapy might be considered as an ancillary approach in the later stages of treatment. Future research should take into consideration race and site of testing as independent variables. 55 references.

**CD-01567**

Western Michigan Univ., Kalamazoo. School of Social Work.

**Recent Findings Related to Wife Abuse.**

Flynn, J. P.

*Social Casework* 58(1):13-20, January 1977.

A 2-month research project on spouse assault conducted in Kalamazoo, Michigan, in 1975 is summarized. The data collected indicate that the primary problem is wife abuse. The few previous studies covering wife abuse are outlined.

The available literature on child abuse, alcoholism, marriage and family, violence, homicide, criminal assault, and gun control is reviewed. Fifty-four professional persons from 52 community agencies were interviewed; 19 cases of spouse abuse were identified. An additional 14 victims were interviewed face-to-face for a total of 33 victims. Data collection instruments included (1) a form on which agency identifying data, service information, and incidence estimates were recorded; (2) an interview guide to obtain general impressions from professionals; and (3) an interview guide used to obtain information regarding a particular person or family. No assaulters were interviewed. Ten percent of the families in the catchment area are estimated to have experienced some form of conjugal violence. Wife beating seems to occur at all socioeconomic, educational, and age levels. One-third of the professionals and victims interviewed reported either that victims had been abused as children or that the assaulter had been an abused child. Almost all the victims sought help from outside sources. Recommendations for further community action suggest development of a community task force to determine new ways of dealing with the problem of spouse assault and the establishment of a spouse assault resource service.

**CD-01568**

Howard Univ., Washington, D.C. Dept. of Pediatrics and Child Health.

**Low Birth Weight and Early Neonatal Separation as Factors in Child Abuse.**

Fomufod, A. K.

*Journal of the National Medical Association* 68(2):106-109, March 1976.

A review of the literature underscores the value of early mother-child interaction in forming lasting, beneficial bonds. In 1 Canadian and 3 U.S. studies, the percentage of low birth weight abuse victims ranged from 23.5 to 44 percent. The records of all patients admitted with the diagnosis of child abuse or battered child to the District of Columbia General Hospital during the period January 1, 1973 to December 31, 1974 were reviewed for low birth weight infants. As 2 sample cases illustrate, low birth weight and early maternal-child separation correlated with subsequent incidents of child abuse and neglect. The injuries observed in the 2 cases included bruises, lacerations, malnutrition, and poor hygiene resulting from maternal neglect; in neither case was the mother-infant relationship well established. Improved mother-infant relationships demand that medical personnel be aware of the existence and diversity of the problem. 16 references.

**CD-01569**

New York Univ., N.Y. Dept. of Clinical Pediatrics.

**Children Become What Parents Make Them.**

Fontana, V. J.

*Psychiatric Annals* 5(12):59, 63-64, 67, December 1975.

The value of effective parenting cannot be overestimated in the development of the child. However, the capability

for such parenting varies from individual to individual. There are many misconceptions about parents who abuse and many misunderstandings about what constitutes abuse. Many factors influence the mother-child relationship and can, in turn, determine whether or not a child will be abused. Parents must learn to make the child comfortable, relieve any distress, and increase his self-esteem, while at the same time avoiding any unnecessary criticism, domination, deprivation, or unreasonable demands. Fathers often find it difficult to develop healthy relationships with their children, a situation which leaves the mother with the primary parenting responsibility. 2 references.

**CD-01570**

New York Foundling Hospital, N.Y. Center for Parent and Child Development.

**A Multidisciplinary Approach to the Treatment of Child Abuse.**

Fontana, V. J.; Robison, E.

*Pediatrics* 57(5):760-764, May 1976.

Results of a multidisciplinary approach to child abuse in a residential setting using both professionals and paraprofessionals are described. Services were rendered to 62 families during the first 2 years of this demonstration project. Following 3 to 4 months of inpatient care, the mothers returned to the community and were followed in after-care for up to 1 year. Full psychological testing was administered upon admission, following which each mother was assigned to a social worker assistant (lay therapist). A psychiatrist was available for diagnosis and screening, as well as for assistance in formulating treatment plans. Behavior modification techniques were also utilized. The IQs of the mothers were generally in the dull normal range; only 1 of the mothers was married; and all of them came from multi-troubled and disorganized families. Psychiatric consultation revealed that 47 mothers fell into a psychiatric category. Mothers whose needs could be satisfied by a supportive relationship and who could form dependent ties with other individuals were more amenable to this type of therapeutic intervention. Mothers reported that the most helpful components of the program were instruction in child care, and learning patience and self-control. The team member most often cited as responsible for the greatest help was the paraprofessional. Five of the more common factors contributing to the crisis situations leading to abuse are noted. The children reported as abused were usually isolated, withdrawn, sullen, apprehensive, and showed no warmth toward their mothers. Role reversal was common. All children in the program showed growth and development gains within a few weeks of admission. 10 references.

**CD-01571**

Inner London Juvenile Courts (England).

**The Battered Child Syndrome-The Law.**

Ford, D.

*Nursing Mirror and Midwives Journal* 140(22):58, June 12, 1975.

English law allows for 2 legal contingencies when cases of battering arise: (1) prosecution of the parents in an adult court; or (2) adjudication in a juvenile court. Under Section 1 of the Children and Young Persons Act of 1969 a child may be brought before the court if his health or proper development is avoidably impaired or neglected. The interpretation of proper development allows for preventive measures, as the child's mental well-being is just as important as his physical status. By requiring additional proof that the child will not receive adequate care unless court intervention is introduced, full knowledge of the surrounding circumstances behind the battering is essential to the court; facts such as the parents' attitude, condition of the home, explanations for the incurred injuries, and full reports from witnesses cannot be overlooked. Action taken by the court may take the form of a Supervision Order, which leaves the child with his parents under the supervisory care of a local social services officer, or a Care Order, which transfers custody of the child to the local authority.

**CD-01572**

Northern Virginia Community Coll., Annandale. Extended Learning Inst.

**Battered Children and Counselor Responsibility.**

Forrer, S. E.

*School Counselor* 22(3):161-165, January 1975.

For the school counselor, given his or her special training and abilities, the implications of child abuse fall into 3 general areas: counseling and working with parents, counseling and working with the abused child, and participating in the community mental health response. In dealing with abusive parents, counselors should understand the common antecedents to child battering, and should be acquainted with therapy groups such as Parents or Families Anonymous. Knowledge of the organic damage and the behavioral manifestations of battering is necessary in working with abused children. The use of group counseling can be a very powerful treatment mode. Child abuse necessitates a community-based approach, such as the multidisciplinary child abuse council, in which the school counselor should participate. The child abuse council concept is outlined in chart form. Counselors should educate themselves and the school staff on the child abuse syndrome, its medical manifestations, and legal considerations. Counselors may be central in initiating and directing parent-training clinics such as Parent Effectiveness Training for adolescents and parents. 3 references.

**CD-01573**

Michigan Univ., Ann Arbor. Dept. of Psychiatry.  
**Ghosts in the Nursery. A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships.**  
Fraiberg, S.; Adelson, E.; Shapiro, V.  
*Journal of the American Academy of Child Psychiatry* 13(3): 387-421, Summer 1975.

Clinical observations and therapeutic techniques utilized by the Infant Mental Health Program at the University of

Michigan are described through 2 cases of impaired infant-mother relationships. The methods of treatment which were developed to handle the cases brought together psychoanalysis, developmental psychology, and social work. In both cases the mother was rejecting her infant. Both mothers were victims of psychological and physical abandonment by their mothers and had grown up isolated and without love. The manifestations of the mother's past were repeated in the treatment of their own children. These manifestations are referred to as "ghosts of the nursery" and are the focal points of the psychoanalytic techniques. The primary step was to promote identification with the aggressor, or make the mother realize that it is her past and not her baby that is causing anxieties. Bonds between the mother and child were strengthened and memories of the mother's own childhood became protective impulses in relation to their own children. As pathological identification with the mother's parents began to dissolve, new models for mothering emerged through the efforts of a social worker. Study of these and other cases brought forth the hypothesis that access to childhood pain becomes a powerful deterrent against repetition in parenting, while repression and isolation of painful effects provide the psychological requirements for identification with the betrayers and the aggressors. An explanation of why some children who experience painful childhood but as parents do not shield their anxieties by inflicting pain on their own children is still sought. 1 reference.

**CD-01574**

National Committee for Prevention of Child Abuse, Chicago, Ill.

**The Child and His Parents: A Delicate Balance of Rights.**

Fraser, B. G.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 315-333, 1976.

Codes dealing with family relationships, responsibilities, and rights from several civilizations are reviewed, beginning with the Babylonian Code of Hammurabi. Hebrew, Greek, Roman, and Visigothic law are considered in turn, followed by early English law, English law after the thirteenth century, and American law. As late as the nineteenth century, 80 percent of the illegitimate children put out to nurse in London died at the hands of the nurses, who continued collecting nursing fees. The treatment of children in America grew out of the English social and economic environment, beginning with the importation of children from England under the Elizabethan Poor Laws. Early American courts offered little protection for children who were cruelly treated by their parents. Children's rights began to be recognized during the nineteenth century, and by the beginning of the twentieth century juvenile courts began to appear throughout the United States. The right of a parent to be free from state interference and to raise his child in the manner that he sees fit has also been established. Parental rights are usually expressed generically as the rights of care, custody, and control. Children's

rights include the provision by the parents of food, clothing, shelter, and education. Medical care necessary to preserve life is generally considered a right of children, but the issue is not clear in the case of medical needs not necessary for protection of life. The Supreme Court has guaranteed the rights of children in legal proceedings.

**CD-01575**

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.

**Colorado: Child Abuse and the Child Protection Act.**

Fraser, B. G.

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo., 78 pp., 1976.

The Colorado Child Protection Act of 1975 places the primary responsibility for handling child abuse cases with the State Department of Social Services. The primary responsibility for identifying suspected abuse cases, however, lies with those persons who come into contact with children on a daily basis. The local department is responsible for providing for the receipt of all reports, and for immediate and thorough investigation once a report has been received. Diagnoses, prognoses, and treatment plans are the community's responsibility. The Child Protection Act mandates the establishment of child protection teams and multidisciplinary teams, consisting of not less than 3 representatives of appropriate agencies, in each county that reports more than 50 cases of child abuse in any one year. The local department of social services works with the child protection team, the courts, and all treatment agencies to promote efficient handling of child abuse cases. The Act is an expanded reporting statute designed to encourage reporting, protect the best interests of children, and provide immediate protective services. Incidence of abuse in the U.S. and in Colorado is discussed and characteristics of parents, children, and situations involved are reviewed. The legislative framework for dealing with child abuse in Colorado is explained in detail along with the process of identification, investigation, and intervention. Appended are lists of counties and county directors, judicial districts, reporting forms for child abuse and neglect, child abuse hotlines in Colorado, and state child abuse central registries throughout the U.S. Numerous references.

**CD-01576**

National Committee for Prevention of Child Abuse, Chicago, Ill.

**Role of the Public Health Nurse in Cases of Child Abuse.**

Fraser, B. G.

In: Krajicek, M. J.; Tearney, A. I. (Editors). *Detection of Developmental Problems in Children*. Baltimore, University Park Press, pp. 177-191, 1977.

The family dynamics of child abuse are reviewed in a discussion of the role of the public health nurse in the prevention and identification of child abuse. Child abuse is likely to occur in a family when 4 interrelated factors coa-

lesce: (1) the adults have the potential to abuse; (2) the parent views the child as special or different; (3) there is a crisis or series of crises; and (4) the parent is socially isolated. Nurses are among the professionals statutorily mandated to report child abuse in 35 states. All public health nurses, because of their advantageous position in seeing many children, should have a working knowledge of child abuse, should know how child abuse is defined in the state in which they work, and should have a copy of the state's relevant statutes. A number of signs in both the parent and the child which should raise the nurse's suspicion are listed. The nurse, however, need not attempt to make a definitive diagnosis; for support, he or she should turn to the community child abuse team, if there is one, or to a physician, lawyer, social worker, or other knowledgeable professional. 11 references.

**CD-01577**

Colorado Univ., Boulder. School of Medicine.

**Independent Representation for the Abused and Neglected Child: The Guardian Ad Litem.**

Fraser, B. G.

*California Western Law Review* 13(1):16-45, 1976-1977.

A discussion of the guardian ad litem focuses on independent representation of the child as the best protection of the abused child's interests and the best solution for breaking the self-perpetuating cycle of child abuse. The historical role of the guardian ad litem as the adversary of a defendant child contrasts with the present role as advocate and protector of the child's needs and best interests. Guidelines for appointment and the scope of the guardian ad litem's powers and duties are explored with an emphasis on the court's role as the ultimate guardian, who monitors the performance of the appointed guardian ad litem. The guardian ad litem must investigate the relevant facts; ensure that the facts are before the court; present dispositional options to the court; and ensure the protection of the child's best interests. Prompt appointment of the guardian ad litem to represent the child at all formal proceedings is crucial. Initial actions and alternatives in court proceedings are explored. Social awareness, reporting, treatment, and case analysis of child abuse are reviewed briefly. Numerous references.

**CD-01578****Murder--Single and Multiple.**

Frazier, S. H.

*Association for Research in Nervous and Mental Disease. Research Publications* 52:304-312, 1974.

An examination of murderers from the perspectives of the premurder personality, the buildup state, the action state, and the alternative action state concludes that professionals who come in contact with children in their normal course of their work should be taught to be aware of early telltale symptoms of violent behavior. Symptoms include early socialization defects, extreme isolation, episodic behavioral dyscontrol, and symptoms of paternal brutaliza-

tion. Of the 31 cases studied, 18 murderers experienced defective male identification patterns with absent role model for patterning or repeated brutalization by the father. Intervention and remedial action in such instances would offer an effective means of prevention for some murders. 11 references.

**CD-01579****Minors' Rights to Medical Care.**

Frentz, T. W.

*Journal of Family Law* 14(4):581-596, 1975-1976.

The common law tradition, the decided cases, and the current legislative trend toward providing minors with the right to medical treatment over parental objections are examined. The historical importance accorded parental desires over the custody and control of children has not prevented courts, in proper cases, from recognizing an overriding state interest as *parens patriae* in providing medical care for minors. Although the common law conferred no privilege upon the state to interfere, the enactment of Juvenile Court Acts enabled the state to deprive unfit parents of the custody of children deemed "neglected or dependent." The definition of neglect includes failure to provide necessary medical care. American courts, while consistently overruling objections to treatment when a child's life is in danger, have not distinguished a clear standard in nonemergency situations. Case law dealing with nonemergency treatment reveals a pattern of discretionary decisions. Factors weighed include probable effect of withholding or allowing treatment; seriousness of the condition; the reasonableness of the parents' objections; and the wishes of the child. A concerted effort is being made to codify minors' rights in this area without the necessity of parental consent. Hopefully the trend will be guided by a conviction that the well-being of the child is the primary concern in each case. Numerous references.

**CD-01580****Patients From an Emotionally Deprived Environment.**

Freudenberger, H. J.; Overby, A.

*Psychoanalytic Review* 56(2):299-312, 1969.

Individuals who have been deprived of a basic relationship with a mother or an adequate mother substitute are described. Lack of mothering, although it permits functioning and even accomplishment, is accompanied by severe feelings of emptiness, devalued body image, depression, a sense of abandonment, deep dependency needs, and an inability to maintain consistently intimate human relationships. Most communication between a mother and child is nonverbal and is transmitted through body contact. If a child tries for a body response and does not receive it, he may internalize the nonresponsive figure. Many individuals with this background show extreme pathology in relation to their body attributes. It may even be a prototype for all later love relations. Lack of maternal concern may leave an individual without inhibition. The lack of inhibition of his instinctive drives permits him to indulge in activities

frequently not sanctioned by the social milieu. Such individuals are truly incapable of normal human intimacy, having little tolerance, empathy, or understanding for another person's psychology. They are unable to mother, having been so imperfectly mothered themselves. A major goal in the therapy of such patients is to enable the person to nurture himself. 12 references.

**CD-01581****Nursing Responsibility in Child Abuse.**

Friedman, A. L.; Juntti, M. J.; Scoblic, M. A.

*Nursing Forum* 15(1):95-112, 1976.

Nursing responsibility toward the problem of child abuse and neglect is discussed according to legal mandate, using the example of legislation signed into Michigan Public Law in September 1975. Public health agencies and the nurses they employ have long been identified with primary prevention in the community. As an advocate for abused children and their families, the public health nurse should work to initiate and maintain community programs aimed at preventing abuse and breaking the generational pattern of abuse. Response to the child abuse phenomenon may be considered to have 4 dimensions: identifying suspected abuse, reporting, establishing the diagnosis of abuse, and treatment. The public health nurse's role in treating child abuse may be expressed in 2 primary areas: direct service in an ongoing relationship with the family, or indirect service as a member of the local or regional multidisciplinary team. Characteristics which indicate the possibility of child abuse and neglect are listed. 13 references.

**CD-01582**

Rochester Univ., N.Y. Dept. of Pediatrics.

**Child Abuse: A Five-Year Follow-up of Early Case Finding in the Emergency Department.**

Friedman, S. B.; Morse, C. W.

*Pediatrics* 54(4):404-410, October 1974.

A follow-up study was conducted of 156 children under the age of 6 years who had previously been studied in two 2-week periods 6 months apart in a university emergency room. On the basis of history and physical findings, they had been judged by the investigating physician to represent either suspected abuse, gross neglect, or accident. Five years later, 15 of the original suspected abuse children, 7 of the gross neglect children, and 19 of the accident children were studied. The children ranged in age from 5.25 to 10.5 years and included 16 boys, 25 girls, 24 whites, and 17 nonwhites. At the time of follow-up, the children judged to have experienced accidents had a lower incidence of subsequent injuries; their siblings had fewer injuries; their relationship with their mothers was judged to be better; and there were fewer emotional and social problems in the families, compared with the other groups. These differences reached statistical significance in only one instance, though by all of these measurements the children from the suspected abuse and gross neglect groups did not do as well as the children judged to have

had accidents. Additionally, 2 children identified as having experienced abuse during the follow-up period were both initially in the suspected abuse category. Each of these 2 children also had a sibling who had experienced abuse during this period. Evaluation of the study sample at 5 years resulted in 4 cases of suspected abuse and 1 case of suspected neglect being transferred into the accident category, and 1 case originally classed as accident was reclassified as suspected abuse. 18 references.

**CD-01583**

Texas Univ., Houston. School of Public Health.  
Epidemiological Survey of Physical Child Abuse.  
Friedrich, W. N.  
*Texas Medicine* 72:81-84, October 1976.

The Harris County (Texas) Child Welfare Department intake reports of physical child abuse for a 17-week period during 1974 and 1975 are analyzed. On the basis of this survey, the reporting rate was calculated to be 182 per 100,000 children under 18, compared with a rate of 31.2 per 100,000 children under 18 7 years earlier. A change in reporting laws probably accounts for this difference. Although the incidence appears to be somewhat greater among families of poorer socioeconomic and educational status, child abuse was found to cut across all lines of race, education, and socioeconomic level. The greater incidence among the poor probably results from the fact that these families are in greater contact with agencies and charity hospitals, and such organizations are more likely to report cases. Fifty percent of all reports involved children 6 years of age or younger, and 10 percent were not older than 12 months. Male children under 12 months were abused twice as often as females, while over age 12, nearly twice as many girls were abused as boys. Eighty-five percent of the children had been abused previously. There was a large percentage of unstable or multiple marriages or both. Neighbors and school personnel each accounted for about one-fifth of the reports. 9 references.

**CD-01584**

North Dakota Univ., Grand Forks. Dept. of Psychology.  
Ill-Health and Child Abuse. (Letter).  
Friedrich, W. N.; Boriskin, J. A.  
*Lancet* 1(7960):649-650, March 20, 1976.

The contention that children with a number of childhood disorders can precipitate parental distress which may, in some cases, result in child abuse is supported by an analysis of 424 cases of physical abuse reported to the Harris County child welfare office in Houston during the 17-week period ending mid-April, 1975. The 357 children for whom adequate reports were available were divided into young, 'different,' and normal categories; injuries were classified as fractures, soft-tissue wounds, cuts or burns, a combination of physical abuse and neglect, or a combination of 2 or more types of physical abuse. Children aged 6 years and less and 'different' suffered more severe abuse than older children with no special behavioral problems. The

group of young (49 percent of the entire sample) and the group of 'different' children accounted for all the fractures and 75 percent of the cuts or burns. Statistically significant correlations were observed between the age of the child vs. the abuser; age of the child vs. type of abuse; age of the child vs. the sex of the child; family income level vs. the type of abuse; and marital status of the abuser vs. the type of abuse. Abusers from lower income strata or those who were single, separated, divorced, or remarried were associated with the most severe injuries. Causal factors for the observed patterns include parental stress, juvenile immobility, and special parental stress derived from handicapped children.

**CD-01585**

North Dakota Univ., Grand Forks.  
Child Abuse and Neglect in North Dakota.  
Friedrich, W. N.; Boriskin, J. A.  
*North Dakota Law Review* 53(2):197-224, 1976.

The historical, epidemiological, psychological, and therapeutic aspects of child abuse and neglect are reviewed, and the legal aspects of the reporting laws in North Dakota are summarized. The 1975 North Dakota Reporting Law requires those in contact with children on a regular basis to report known or suspected cases of child abuse. Between 1964 and 1975, only 127 incidents of abuse were reported, but the number increased substantially after enactment of the 1975 law. Local area social service centers are designated to receive all reports of neglect and abuse, and investigations are conducted by caseworkers. Parents voluntarily accepting services from the county social service center or placing the child under foster care need not have a hearing. When no services are accepted or there is obvious danger to the child, a court order giving temporary custody of the child to the county social service center is necessary. About 33 percent of the initial reports are substantiated, and another third deemed as high risk. The cases are generally considered juvenile cases, and few go to criminal court. Both underreaching and overreaching pose serious threats to the effective implementation of mechanisms designed to assist the abused child and the abusing parent, but underreaching is currently the most frequent judicial shortcoming. The artificiality of the courtroom may be a contributing factor. One deficiency of the North Dakota law is the absence of provision for a central registry. Greater emphasis on an interdisciplinary approach is also recommended.

**CD-01586**

North Dakota Univ., Grand Forks. Dept. of Psychology.  
The Role of the Child in Abuse: A Review of the Literature.  
Friedrich, W. N.; Boriskin, J. A.  
*American Journal of Orthopsychiatry* 46(4):580-590, October 1976.

Evidence that particular types of children produce parental stress reactions is surveyed in a discussion of the role of

the child in the etiology of child abuse. Children particularly at risk for abuse include premature infants, the mentally retarded, the physically handicapped, and those with genetic contributions to the risk for abuse. The parents' perceptions of the abused child as different is an additional factor identified as contributing to abuse. In planning prevention and treatment programs, it is necessary to note the greater risk for abuse of the special child. 46 references.

**CD-01587**

Massachusetts Committee on Children and Youth, Boston.

**Legal Protection of the Drug-Addicted Infant.**

Friel, L. F.; Saltonstall, M. B.

*Child Welfare* 53(8):493-497, October 1974.

Neither the Massachusetts statute relating to child abuse and reporting nor the Massachusetts Department of Public Welfare's Policy Manual mentions drug addiction as a form of abuse. The Department should promulgate a broader interpretation of the state law and amend its rules and regulations to require physicians and hospitals to report every infant born to an addicted mother to the Inflicted-Injury Unit of the Family and Children's Services Division of the State Department of Public Health. A similar interpretation should be made to include personnel from public and private social and health agencies. Funds should be provided to the Inflicted-Injury Unit to provide statewide coverage for such infants, and the additional personnel required for the operation should have drug expertise. The name of the reported child should be checked immediately with the Division's Master Index to determine whether there are prior reports of inflicted injury. 1 reference.

**CD-01588**

Texas Tech Univ., Lubbock. Dept. of Pediatrics.

**A Pediatric Generalist's Experiences With Child Abuse and Neglect in a Small, Isolated Community.**

Furst, W. D.

*Pediatric Annals* 5(3):177-182, March 1976.

Four cases of child abuse or neglect are briefly described in which an interdisciplinary team was utilized successfully. The team consisted of nurses, social workers, a pediatrician, and a clinical psychologist. Activities in which a pediatrician interested in the problem of child abuse and neglect might be effective are as follows: (1) He can educate, inform, and work with paramedical and ancillary personnel dealing with the problem. (2) He can develop an awareness of the problem among fellow practitioners. (3) He can assure the existence of child abuse and neglect as part of nursing and nursing aide curricula. (4) A pediatrician may have effective discussions with lawyers and judges. (5) The physician can play an important role in the education of the general public. In addition, teacher and student nurse involvement should be encouraged.

**CD-01589**

State Univ. of New York, Stony Brook. Dept. of Sociology.

**Sexual Encounters Between Adults and Children.**

Gagnon, J. H.; Simon, W.

Sex Information and Education Council of the U.S. Study Guide No. 11. Available from Behavioral Publications, New York, N.Y., 25 pp., July 1974.

This pamphlet is intended as a study guide primarily for discussion leaders and for individuals interested in intensive, self-motivated study of the sexual abuse of children by adults. There is a wide range of sexual contacts between adults and children, and heterosexual and homosexual contacts are differentiated. The majority of the recognized offenses are committed by men. Exhibitionism is the most common category of offense against girls, and genital contact constitutes the second largest category. About one-third of the men involved are in their middle to late thirties. Offenders are classified into 2 categories: those for whom the offense is part of a repeated pattern of such behavior, and those for whom the offense seems to arise from a stressful moment in the course of routine living. Men committing sex offenses against young boys are not usually interested in homosexual relationships with adult men. Treatment rather than severe punishment would probably provide the best protection for society against such individuals. Generally, the original reaction of the child to the offense is negative. Parental mismanagement of the event can lead to further negative reactions. Long-term consequences of victimization are mild. The involvement of any specific child in a sex offense is accidental, and rarely are children seductive in the sense of trying to precipitate a sexual encounter. Care should be taken to avoid generation of guilt feelings on the part of the child, especially by the parents. Utilization of the police should be done with caution and should be dependent on the capacity of the local agencies of criminal justice to do their job without damaging the child. 13 references.

**CD-01590**

Boston Coll., Chestnut Hill, Mass. School of Law.

**Subsidized Adoption in America.**

Gallagher, U.; Katz, S. N.

Prepared for: Children's Bureau (DHEW), Washington, D.C., (OHD) 76-30087, 60 pp., 1976.

The model State Subsidized Adoption Act was instituted in order to make possible through public subsidy the appropriate adoption of each child who is legally free for adoption, and who otherwise, because of special circumstances, might not be adopted. Model Regulations which accompany the Model Act amplify and particularize the provisions of the Model Act and should be read in conjunction with it. Together they constitute an indivisible unit. A comparison of the Model State Subsidized Adoption Act with current state laws includes a descriptive analysis of the basic elements contained in the Act; identification of the basic elements in the laws of 42 states which authorize subsidized adoptions; 7 tables comparing

the Model Act with these existing laws; and a tabulation of the similarities between existing laws and the Model Act.

**CD-01591**

State Univ. of New York, Syracuse. Upstate Medical Center.

**The Endocrinology of Abuse Dwarfism. With a Note on Charles Dickens as Child Advocate.**

Gardner, L. I.

*American Journal of Diseases of Children* 131:505-507, May 1977.

The influence of Charles Dickens' writings on social reform in the 19th century is recounted, and the endocrinologic aspects of abuse dwarfism are discussed. Psychosocial deprivation is associated with lack of adrenocorticotrophic hormone reserve and results in the following growth hormone abnormalities: high fasting levels of growth hormone and inadequate levels after stimulation with insulin, arginine, beef broth, exercise, and slow-wave sleep. All of these abnormalities revert to normal in a growth-promoting environment. The impaired growth hormone response to insulin has been normalized by treatment with the beta-adrenergic blocking agent, propranolol. The hormonal abnormalities in anorexia nervosa bear at least superficial similarities to those of abuse dwarfism. It is suggested that in suspected cases of abuse dwarfism who are hospitalized, growth hormone studies should be conducted as soon as possible after admission in order to minimize the effects of changing the environment. 19 references.

**CD-01592****Deprivation Dwarfism.**

Gardner, L. I.

*Scientific American* 227(1):76-82, July 1972.

Various research efforts into the phenomenon of deprivation dwarfism are reviewed. Although it has been common knowledge in the last 2 centuries that separation of the child from the home affects the health of small infants, it was not until the last 30 years that causal factors were studied. In 1942, physiological changes were recorded in infants removed from the home for hospital care. While they were hospitalized, their health deteriorated, but improved on returning home. Other studies concluded that the absence of an adequate mother-infant interaction not only caused psychological problems but actually had biological consequences. A study of 2 orphanages in Germany after World War II showed that an adverse emotional environment was responsible for a reduction in the normal growth rate of the children. Recent research indicates the strong possibility of pituitary involvement in deprivation dwarfism. When tested, victims of this malady were found to have abnormally low levels of the adrenocorticotrophic hormone (ACTH) and somatotrophin. Researchers at Children's Hospital of Pittsburgh suggest that abnormal patterns of sleep could interfere with the normal release of these hormones.

**CD-01593****Children's Rights--Parents' Responsibility. (Letter).**

Geddes, J.

*British Medical Journal* 2(6042):1011, October 23, 1976.

This letter points out that section 28 of the British Children and Young Persons Act of 1969 places no restriction on the categories of persons who may apply to a magistrate for a place of safety order when they believe that children are being abused or are at risk. Probability is considered to be established if another child in the household had previously been abused or neglected or if the child is or is about to become part of the same household as a person convicted of a relevant offense. In addition to social workers, the police and NSPCC also possess statutory powers to make applications for care orders.

**CD-01594**

Nazareth Child Care Center, Jamaica Plain, Mass.

**The Illusion of Caring. Children in Foster Care.**

Geiser, R. L.

Boston, Beacon Press, 184 pp., 1973.

The experience of children who, because of abuse or neglect, parental death or illness, or other circumstances become separated from their families, is described and illustrated with numerous case vignettes. These children, who become wards of the state, are consigned to foster homes or institutions where the experience of being cared for is in most cases an illusion. The original trauma of separation from their families may be repeated many times as they are moved from institution to institution. Abused and neglected children, whose experiences leave them emotionally if not physically scarred, are especially vulnerable to this type of institutional neglect because their emotional needs are greater than most foster homes can deal with. Day care centers, national health care, child allowances, and child hotels as well as institutionalized child advocates are recommended as possible solutions. Numerous references.

**CD-01595**

Nazareth Child Care Center, Jamaica Plain, Mass.

**Sexual Disturbance in Young Children.**

Geiser, R. L.; Norberta, M., Sister

*American Journal of Maternal Child Nursing* 1(3):187-194, May-June 1976.

Three cases of sexual abuse are presented to demonstrate how such incidents affect a child's total development. Two of the cases involved rarely discussed incidents of sexual abuse of a male child. Behavioral indications of abuse from both the parent's and child's view, the reasons for the behavior, and approaches for dealing with it are explored. Frequently, children who are sexually abused are willingly involved and do not perceive the sexual behavior as abnormal, abusive, or traumatic. Sexual abuse usually occurs in the broader context of a disturbed psychosocial environment. In the first case, the child's parents failed to



protect him from sexual abuse by an uncle. In the second case, the child was a victim of her mother's disturbed sexual perceptions and ignorance. In the third case, the child was traumatized by witnessing a sexual assault on his sister. As evidenced by these cases, separation of the child from the adult aggressor is the initial step in treatment. Feelings of fear and guilt concerning the child's sexual behavior must be examined and nurses dealing with this problem are encouraged to be patient and consistent. Nurses must help sexually abused children make a transition in their relationships with adults and realize the complex set of feelings which are involved. 7 references.

**CD-01596**

Rhode Island Univ., Kingston. Dept. of Sociology.

**Methods for Studying Sensitive Family Topics.**

Gelles, R. J.

National Council on Family Relations Annual Meeting, New York, N. Y., 40 pp., 1976.

The major problems which confront researchers studying sensitive topics in family relations, such as sexual behavior, family violence, and child abuse, are examined. Obstacles frequently encountered by such researchers are locating subjects, getting their cooperation, and obtaining valid and reliable data. Standard data collection methods such as observations and interviews tend to require considerable work if researchers are to get the cooperation of the subjects. Techniques proposed to overcome the problems inherent in this type of research include the funneling technique, the random response technique, projective techniques, and certain experimental designs. Regardless of the sampling method and data collection technique used, attempts to validate such research are necessary if the results are to be taken seriously. Additional problems in sensitive issue research, such as contingencies posed in federally funded research by the guidelines for the protection of human subjects, are discussed. Numerous references.

**CD-01597**

Rhode Island Univ., Kingston. Dept. of Sociology and Anthropology.

**Family Experience and Public Support of the Death Penalty.**

Gelles, R. J.; Straus, M. A.

*American Journal of Orthopsychiatry* 45(4):596-613, July 1975.

An integration of data on the characteristics of death penalty supporters with data on violence within the family suggests that experience with violence in the family, and the meaning and moral evaluation of punishment and violence learned thereby, lead to support for the death penalty. Studies of the characteristics of death penalty supporters portray them as relatively punitive and authoritarian. A review of research on family violence shows that the more violence is present in the family, the more likely is a person reared in that context to accept the normalcy and

probable occurrence of all types of violence. The family is a primary place in which both approval of violence and fear of victimization is learned. The greater the fear of being a victim of violence, the greater the support for the death penalty. The more offenses within the family are punished in proportion to the severity of the offense and in relation to the circumstances and characteristics of the offender, the more likely is the person to believe that all offenses should be dealt with according to the principles of retribution tempered by discretion in relation to the circumstances, the offense, and the character of the offender. Because punitive child rearing methods are associated with the personality factors that are associated with support for the death penalty, the high level of punitiveness typically experienced by children in the family is a part of the explanation for the high level of public support for the death penalty. Numerous references.

**CD-01598**

George Washington Univ., Washington, D.C.

**Options in Education, Transcript for December 8, 1975: Child Abuse.**

Prepared for: Corporation for Public Broadcasting, Washington, D.C. Available from Educational Resources Information Center, 19 pp. (ERIC ED 130 295), 1975.

The transcript of the second of a 2-part series of a radio show on child abuse and neglect is presented. Participating are a pediatrician; an anonymous abusive mother; the coordinator of a protective program; a police officer; Douglas Besharov, the Director of the National Center on Child Abuse and Neglect; and Dr. David Gil of Brandeis University. Topics discussed include the types of injuries children suffer, child abuse reporting laws, the role of stress in abuse situations, signs of abuse that teachers should note, foster care, and the generational cycle of abuse. A bibliography of available source material on child abuse is included.

**CD-01599**

George Washington Univ., Washington, D.C.

**Options in Education, Transcript for December 1, 1975: Child Abuse.**

Prepared for: Corporation for Public Broadcasting, Washington, D.C. Available from Educational Resources Information Center, 36 pp. (ERIC ED 130 294), 1975.

The transcript of a radio program on child abuse and neglect is provided. The history of child abuse in the U.S., from the case of Mary Ellen in 1874 to the present, is reviewed. Guest speakers include the Director of the National Center on Child Abuse and Neglect, a social worker, a law enforcement officer, a pediatrician, representatives from the American Humane Association and the Child Advocacy Center in Washington, D.C., and an anonymous abusive mother. Topics discussed include statistics and legislation on child abuse and neglect, and the generational cycle of abuse.

**CD-01600**

Georgia Univ., Athens. Regional Inst. of Social Welfare Research.

**Child Protective Services. A Forum Conducted for Florida Department of Health and Rehabilitative Services, District 2.**

Georgia Univ., Athens. Regional Inst. of Social Welfare Research, 39 pp., 1976

The training outline for a workshop intended for child protection workers contains topics relevant to the assumptions and philosophy behind protective service action, responsibilities of the worker, the reporting law, parental and children's rights, intake process, contact and services, central registers, foster care, and the court. A table of developmental milestones, notes on crisis intervention, an awareness exercise, and fundamentals of telephone interviewing are appended. A bibliography developed for an abuse and neglect training curriculum is also included.

**CD-01601**

Georgia Univ., Athens. Regional Inst. of Social Welfare Research.

**Child Protective Services. A Workshop Conducted for Georgia Department of Human Resources, District 8.**

Georgia Univ., Athens. Regional Inst. of Social Welfare Research, 42 pp., 1976

See abstract CD-00012.

**CD-01602**

Santa Clara County Juvenile Probation Dept., San Jose, Calif. Child Sexual Abuse Treatment Program.

**The Treatment of Father-Daughter Incest: A Psycho-Social Approach.**

Giarretto, H.

*Children Today* 5(4):2-5,34-35, July-August 1976.

A composite case history of father-daughter incest is based on experiences with the middle-class families referred to the Child Sexual Abuse Treatment Program (CSATP) in San Jose, California. Incestuous families are badly fragmented as a result of the original dysfunctional family dynamics, which are further exacerbated by disclosure of incest to civil authorities. The child, mother, and father must be treated separately before family therapy becomes productive. Consequently, treatment procedures required for family reconstitution include individual counseling, mother-daughter counseling, marital counseling, father-daughter counseling, family counseling, and group counseling. A reconstructive approach is enhanced by assisting the family in locating community resources for pressing needs such as housing, financial, and legal aid. Self-help groups are also important. The incidence of incest is estimated to be at least 200 cases per million. Current objectives of the CSATP in focusing upon the reconstitution of the family are enumerated. The therapeutic approach of CSATP is based on the theories and methods of humanistic psychology, in particular, psychosyn-

thesis. Development of self-awareness is stressed more than modification of dysfunctional behavior by external devices. No recidivism has occurred among the more than 300 families who have received a minimum of 10 hours of treatment and whose cases have been formally terminated by CSATP. Children are returned to their families sooner than in the past. About 90 percent of the marriages have been saved. Parents United, a self-help group related to CSATP, has grown from 3 members to 60 members. Similar programs utilizing comprehensive procedures should be established in all communities. 5 references.

**CD-01603**

**Violence Against Children: Physical Child Abuse in the United States.**

Gil, D. G.

In: Bronfenbrenner, U.; Mahoney, M. A. (Editors). *Influences of Human Development*. Hinsdale, Ill., Dryden Press, pp. 190-201, 1975.

The incidence, characteristics, and epidemiology of child abuse are discussed, and some recommendations for reducing the incidence of this phenomenon are set forth. In the year ending October 1965, the upper limit of the incidence was between 13.3 and 21.4 per 1,000 population. Several forces are suggested as combining to produce incidents of child abuse: environmental chance factors; environmental stress factors; deviance or pathology in physical, social, intellectual, and emotional functioning of caretaker and the abused children; and disturbed intrafamily relationships. Physical abuse of children is not a major killer as has been claimed in some sensational publicity. Life in poverty and in the ghetto generates stressful situations, which may account for the greater incidence of reported child abuse among poor and nonwhite populations. Several recommendations for reducing the incidence of child abuse are proposed: gradual attitude changes toward physical violence in child-rearing; elimination of poverty; comprehensive family planning programs; family life education and counseling programs for adolescents and adults in preparation for marriage; high-quality health service; and a range of high quality neighborhood-based social, child welfare, and child protective services.

**CD-01604**

Brandeis Univ., Waltham, Mass.

**Legally Reported Child Abuse: A Nationwide Survey.**

Gil, D. G.

*Social Work Practice*, 1968 134-158, 1968.

A nationwide study of child abuse conducted by Brandeis University sought to obtain information relating to the incidence of physical abuse as reported, the distribution among segments of the population, characteristics of children and perpetrators, contributing and precipitating circumstances, measures taken by authorities in response to reports, and relationships among the foregoing. The study procedure is briefly outlined and the sample defined. The major portion of this report deals with characterization of

children, parents, families, perpetrators, types of injuries and manner of infliction, and reporting agency or person. Fourteen distinct types of situations are outlined. Six conclusions were reached, in spite of the limitations of the study: (1) the entire subject of child abuse has been somewhat defused in terms of emotional charge; (2) even allowing for gross underreporting, child abuse is not a major killer or maimer of children; (3) abuse appears to be a part of the poverty syndrome; (4) a typology is defined for further study; (5) a high incidence of troubled past history occurs in many of the children, parents, perpetrators, and a high rate of deviance exists in many areas of biopsychosocial functioning; (6) and control should be approached through attacking poverty, making available family planning services, and reforming abortion laws. 6 references.

**CD-01605**

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.

**Primary Prevention of Child Abuse: A Philosophical and Political Issue.**

Gil, D. G.

*Psychiatric Opinion* 13(2):30-34, April 1976.

Traditionally, child abuse has been defined as intentional acts of omission or commission on the part of individual caretakers of children. While such a working definition appears adequate for service programs under prevailing conditions, some serious limitations exist along at least 2 dimensions. A more enlightened definition would entail viewing children on the same level of equality as other individuals. Consequently, child abuse would represent a hindrance to the child in attaining a desired state of childhood or rights of children in society. From a practical standpoint, the traditional definition fails to recognize abuse on the institutional level and the systemic biases from which they originate. Ultimately, attitudes which predispose societal components to abuse derive their initiative from particular philosophical-political orientations. Any change in how a society views children necessarily mandates changes in basic definitions of childhood, children's rights, proper use of force, and proper channeling of interpersonal stress. In the light of the above considerations, an egalitarian orientation represents the most compatible philosophical basis for societal attitudes. Implementation of fundamental changes renders the problem a matter of politics. Accordingly, primary prevention of child abuse and its immediate causal factors require a transition to a fully democratic, humanistic, cooperative, and egalitarian social system.

**CD-01606**

Developmental Evaluation Center, Denver, Colo.

**Non-accidental Trauma and Failure to Thrive: A Socio-Medical Profile in Denver.**

Goldson, E.; Cadol, R. V.; Fitch, M. J.; Umlauf, H. J., Jr.

Denver City and County Dept. of Health and Hospitals, Colo., 15 pp., 1974.

Hospital records of 114 children from a neighborhood health program discharged from the Denver General Hospital with diagnoses of nonaccidental trauma, failure to thrive, or both were reviewed. There were 69 boys and 71 girls, ranging in age from 6 weeks to over 8 years, with 84 percent three years or younger. First-born children made up 35 percent. Anglos constituted 41 percent of the abused group, but only 21 percent of the children in the neighborhood health program. Twenty-five percent had birth weights below 2,500 g, while only 14 percent of the children born in Denver General Hospital during that period had birth weights of less than 2,500 g. Although not statistically significant, there was a tendency for the mothers to be younger than average when the child was born. Admissions were more frequent in spring and fall than during summer and winter. Forty of the abusers were women, 41 were men, and in 21 incidents both men and women were involved. Of 98 mothers on whom data were available, 36 were 20-22 years of age and 21 were 19 years or less at the time of the incident. Bruises alone were found in 53 percent, while 18 percent had fractures and 11.5 percent showed failure to thrive. Bruising was most frequent in boys under 3 years of age; fractures were found equally among boys and girls. Burns and failure to thrive were found only in children under 3 years of age and with equal distribution in boys and girls. 16 references.

**CD-01607****Child Labor in America's History.**

Goldstein, H.

*Journal of Clinical Child Psychology* 5(3):47-50, Winter 1976.

The history of child labor in the United States is summarized, and the current situation is surveyed. At the beginning of the 19th century, it was not uncommon for a majority of workers in a factory to be children, as young as 4 years of age and working as long as 14 hours a day. Early concern about child labor centered on its interference with education. The cheap labor also competitively drove down adult wages. State laws to control child labor were initiated during the mid-19th century, although extensive use of children increased in the industrial boom following the Civil War. By the end of the century, 28 states had legislated labor reforms for child workers, usually covering manufacturing only and setting a minimum age of 12 years and a maximum of 10 hours a day. The National Child Labor Committee was established in the early part of the 20th century, and by 1909 only 6 states did not have minimum age laws for factories. A national child labor law was passed during the 1930s. Currently, the largest child labor problem is with migrant workers, for whom education is secondary to fulfilling the financial needs of the family. 14 references.

**CD-01608**

Kansas Univ., Kansas City. Medical Center.

**Child Abuse and Neglect: Epidemiology in Kansas.**

Gonzalez-Pardo, L.; Thomas, M.  
*Journal of the Kansas Medical Society* 78(2):65-69,  
 February 1977.

Some epidemiological aspects of child abuse and neglect in Kansas are reported. The reporting rate in Kansas has increased by 2,761 percent since the reporting law became effective. Over a 42-month period, from July 1972 to December 1975, 13,546 cases of suspected child abuse and neglect were reported, yielding an annual rate of 1,756 cases per million population. Bruises and welts occurred in 43 percent of all those experiencing physical abuse. From July 1974 to July 1975, 2,521 boys and 2,228 girls were abused; in 91 cases the sex of the victim was not identified. Relatives, neighbors, school personnel, and social workers were the largest sources of reports; physicians accounted for only 5 percent. In 88 percent of the cases, the parents were the perpetrators. Of 1,505 children inflicted with physical injury, 7 died between July 1974 and June 1975 as a direct result of the injury; 21 died from injuries inflicted during the period from July 1975 to June 1976. Morbidity is unknown. 5 references.

**CD-01609**

Northern General Hospital, Sheffield (England).  
**Predicting Child Abuse. (Letter).**  
 Gordon, R. R.

*British Medical Journal* 1(6064):841, March 26, 1977.

A study conducted in a hospital in Sheffield, England, to determine potential child abuse factors in mothers in the perinatal period revealed 6 possible indicators: single at the time of conception and under 21 years; from a known social problem family; mentally dull; too many pregnancies too close together; late attender for antenatal care or a defaulter; and other adverse social circumstances. Whenever 2 or more of these factors were present, the infant's folder was starred. Among the babies born during the study period, there were 4 overt cases of child battering, 3 of whom were starred. Of 10 suspected cases of battering of infants, 3 had been starred. The 7 cases which were not starred were born during the first 6 months of the trial period, when the operation was not yet functioning properly. The first 3 criteria had the greatest predictive value. During the same period, 26 area children died as cot deaths, 7 of whom were born in the hospital during the investigation; none was starred. This suggests that the social causes of infant abuse and cot deaths may be different. A stay on the special care baby unit will be added to the criteria for potential abuse.

**CD-01610**

California Univ., Berkeley.  
**Perspectives on Child Abuse: A Synthetic Approach to Public Policy Making.**  
 Gottschalk, B.  
 Master's Thesis. California Univ., Berkeley, 99 pp., June 1974.

The problem of child abuse and related public policies are explored in terms of the various viewpoints which have contributed, or might contribute, to policy making. Chapter topics include the current interest in child abuse; definitions; estimates of the problem's basic dimensions; reasons for concern about the size of the problem; a brief history about what society thinks about abuse and how it deals with it; legal, medical, psychological, sociological, and economic perspectives on abuse policy; and evaluations of some of the most recent proposals for child abuse policy. The historical survey offers several possible explanations for the fact that abuse became a pressing social issue in the late 1960's. Contemporary constraints, basic policy goals, and outside factors are considered, and general notions for appropriate public policy are suggested for local, state, and the federal government. To date there has been too little understanding of the magnitude of the problem, its dynamics, and treatment procedures. 73 references.

**CD-01611**

Governor's Commission on Juvenile Justice, Baltimore, Md.

**Maryland Commission on Juvenile Justice: 1977 Final Report.**

Governor's Commission on Juvenile Justice, Baltimore, Md., 98 pp., January 1, 1977.

An evaluation of the existing laws, programs, and services relating to juvenile justice in Maryland concentrates on Children in Need of Assistance (CINA) and Children in Need of Supervision (CINS) matters. Proposed changes in the Maryland Code definition of CINA would clarify language and require a precise determination that the child is in need of the protective assistance of the court. Precise definitions of specific harms to a child would eliminate subjective language and shift the focus from the parents' actions to the effect of those actions on the child. The proposal clarifies that intake officers must divert youth to community resources when the court has no jurisdiction, and to divert other youth when judicial action is not in the best interest of the public and the child. The courts also are directed to develop the least restrictive course of dispositional alternatives. In the hope of eliminating over-intervention, the final section of the proposed bill requires the individual or agency to whom the child is committed to file six-month progress reports with the court. The Commission's evaluation includes the Juvenile Court system, as well as jurisdiction in delinquency and nondelinquency cases. Procedural and detention issues, programs, and services are examined. A summary of major legislation and recommendations is included.

**CD-01612**

New York State Dept. of Social Services, Albany. Office of Research.

**Trends in Child Abuse Reporting in New York State. 1966-1972.**

Gray, J. J.

New York State Dept. of Social Services, Albany. Office of Research, 31 pp., April 1973.

The annual number of reported cases of suspected child abuse rose from 416 in 1966 to 3,319 in 1972. Comparison of the data for 1966 and 1972 showed that the rate of increase in reporting to the New York State Child Abuse Register was 664% in New York City and 785% in the rest of the state. The number of social services districts reporting cases more than doubled over this period. The total number of reported cases of suspected abuse over the entire period was 13,878. The annual reported cases from New York City leveled off in 1970 and fell slightly in 1972, but the upstate reports continued to rise so that overall state reporting continued to rise. In 1972 there were 73 deaths reported to the State Central Register. Child abuse was confirmed in 15 cases, ruled out in 9, and considered uncertain in 13. Results of investigation were not reported in 36 cases. The number of cases of repeated abuse rose each year from 24 in 1968 to 80 in 1972, but the percentage of these cases has been relatively constant (1.7-2.4 percent). For the state as a whole in 1972, about 45 percent of all investigated cases were confirmed; abuse was ruled out in about 25 percent; and the rest were uncertain.

#### CD-01613

Colorado Univ., Denver. Dept. of Pediatrics.

##### **The Abused Child at Time of Injury.**

Gray, J.; Kempe, R. S.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 57-65, 1976.

About 75 percent of abused children practice role reversal and try to meet the demands of their parents; the remaining 25 percent are noncompliant, withdrawn, or obsessed with trying to please, and are labeled as provocative, aggressive, or hyperactive. The parents of abused children are not emotionally accessible to their children, and in a treatment situation, the child must face the physician, the medical procedures and the possibility of separation by himself. Three important concerns for the hospitalized, abused child include: (1) the attachment patterns of the hospitalized abused child, most of whom are indiscriminate in their relationships; (2) the disparity between the child's thoughts, feelings, and fantasies, and his overt behavior; and (3) the willingness and capacity of the child to discuss the events surrounding the injury. The need to make hospitalization as humane and unstressful as possible for the child is emphasized. Specific management directives include: (1) maximize the consistency of the environment; (2) cautiously analyze the behavior of the child who erroneously suggests that he has little affect about his injuries, separation or hospitalization; (3) use the time the child is hospitalized for developmental evaluation; (4) observe the child's coping mechanisms during hospitalization; (5) use the hospitalization period to observe the parents' relationship to the child; and (6) consider psychological or psychiatric consultation for all abused children when hospitalized. 9 references.

#### CD-01614

Downstate Medical Center, Brooklyn, N.Y. Div. of Child and Adolescent Psychiatry.

##### **A Psychodynamic Approach to the Study and Treatment of Child-Abusing Parents.**

Green, A. H.

*Journal of Child Psychiatry* 15(3):414-429, Summer 1976.

The psychodynamics of distorted patterns of family interaction were studied in 60 abusing mothers, and compared with a control group of 30 neglectful mothers and 30 mothers of children seen at an outpatient pediatric facility. All families came from inner-city ghetto areas, and the majority were black or Hispanic. Data were derived from structured interviews with each of the mothers (or female caretakers) and from agency records. Child abuse is seen as a dysfunction of parenting in which the parent misperceives the child due to his own frustrating childhood experiences. The beating represents the parent's attempt to master the trauma passively experienced as a child. The child abuse syndrome is conceptualized as the product of 3 factors: the parent's abuse-prone personality, the child's abuse-provoking characteristics, and environmental stress. The techniques, aims, and pitfalls of psychotherapeutic intervention with abusing parents are described. The traditional psychiatric treatment process must be greatly modified if the goals of treatment are to be attained. The therapist must be active, supportive, and flexible. 17 references. See also Abstract CD-01192.

#### CD-01615

State Univ. of New York, Brooklyn. Div. of Child and Adolescent Psychiatry.

##### **Self-Destructive Behavior in Battered Children.**

Green, A. H.

State Univ. of New York, Brooklyn. Div. of Child and Adolescent Psychiatry, 26 pp., 1976.

As part of a study dealing with the impact of physical abuse on numerous ego functions and other aspects of children's behavior, the hypothesis that a child's experience of repeated physical abuse will potentiate his development of self-destructive behavior was tested. A sample of 59 abused children drawn from low-income ghetto areas was evaluated via interviews with the mother or maternal guardian. The 59 physically abused children, when matched with control groups of 29 nonabused neglected and 30 normal children, demonstrated a significantly higher incidence of self-destructive behavior. The self-destructive behavior, which included suicide attempts, self-mutilation, and suicidal ideation was potentiated by a group of interrelated variables operating in the abused child and his environment. The abused child's sense of worthlessness, badness, and self-hatred resulting from parental assault, rejection, and scapegoating formed the nucleus for subsequent self-destructive behavior. The self-destructive activity was often enhanced by the ego deficits and impaired impulse control characteristic of the abused children. The self-destructive behavior seemed to represent a learned pattern of behavior originating in early traumatic experiences with hostile primary objects. 45 references.

**CD-01616**

Santa Clara County Juvenile Probation Dept., San Jose, Calif.

**A View of Family Pathology Involving Child Molest -- From a Juvenile Probation Perspective.**

Greene, N. B.

*Juvenile Justice* 28(1):29-34, February 1977.

The background material gathered by probation officers, as depicted in court reports from various California juvenile probation departments, on victims of sexual molestation by the natural father, stepfather, or common-law husband within the home setting is examined. There was a paucity of background information in the court reports on the parents, grandparents, victims, or relative home placements. The general practice of returning molested girls to their mothers without psychological investigation or intervention is criticized as not being in the child's best interest. Juvenile probation departments could initiate family groups which would be a real service to the victims, their families, and probation staff. Additional groups could be initiated for the therapeutic benefit of the molest victim. Bifurcation of the court reports in this type of case is suggested. The investigating probation officer involved in the legal aspects of the case could gather the legal, documented information concerning the aspects of the crime, and the family background information or the dispositional part of the court report could be gathered by a probation officer trained in family dynamics and psychiatric intervention. A suggested interview information guide is proposed for separate interviews with the victim, the wife-mother, and the husband-father. 10 references.

**CD-01617**

**Evaluation of Violence and Dangerous Behavior Associated With Mental Illness.**

Greenland, C.

*Seminars in Psychiatry* 3(3):345-356, August 1971.

Although incidents of violence associated with mental illness remain highly visible in the public eye, violence is not necessarily a premonitory feature of the latter. Observations of impulsive murders reveal that despite unique circumstantial factors which characterize each case, the underlying elements are repetitive. Reviews of cases in the literature indicate that people who kill frequently signal their intention but fail to elicit necessary help or restraint. An instance cited from the literature described infanticide preceded by unsuccessful attempts to secure alternative care for the child. A study of sex murders from the New Jersey State Diagnostic Center indicated that almost 70 percent of the offenses were against children and were primarily noncoital and nonaggressive in nature. Studies of infanticide and filicide in England, Wales, and Scotland show that mental illness in the form of suicidal proclivities, personality disorders, feelings of inadequacy, and impulsive behavior is frequently present. Aggravating physical conditions and unwanted pregnancies comprise a significant fraction of matricides which could be avoided through alert intervention. Because of the presence of

psychiatric symptomatology, medical authorities are extremely important in the prevention of violence by such individuals. Physicians must be cognizant of high-risk patients, notably mothers of young children who talk about suicide. Mothers who are devoted to their children but who are obsessed with thoughts of infanticide represent a special diagnostic group in that they respond well to treatment on an outpatient basis and have good recoveries. Psychiatrists and the judiciary overestimate the risks of violence and dangerous behavior among mentally ill offenders, confining such offenders for inordinate lengths of time. Recent attempts to develop predictive indices of danger are surveyed. 50 references.

**CD-01618**

**McMaster Univ., Hamilton (Ontario). Dept. of Psychiatry. Violence and Dangerous Behaviour Associated With Mental Illness: Prospects for Prevention.**

Greenland, C.

*International Criminal Police Review* 260: 190-196, 1972.

The association of violence and dangerous behavior with mental illness is discussed. Child abuse is one of the most common, yet neglected, forms of dangerous behavior. An overview of the history of child abuse is provided, and the generational cycle of abuse is noted. Several case studies of child abuse are briefly outlined, stressing "the conspiracy of silence" which prevents people from reporting suspected abuse. Findings indicate that about half of those who abuse children seek help before the abusive incident. Programs with an emphasis on family life education are recommended as a preventive measure for violence and dangerous behavior.

**CD-01619**

Saint Louis Univ., Mo. Dept. of Psychology.

**Conflict About Release: Environmental and Personal Correlates Among Institutionalized Delinquents.**

Grisso, J. T.

*Journal of Community Psychology* 3(4):396-399, October 1975.

Seventy-five boys aged 13 to 17, admitted during 7 consecutive months to a state correctional youth camp, were administered a Likert-type questionnaire to test hypotheses relating low desire for release to background variables and to their perceptions of both the institution and their own homes. Specifically, lower scores on the questionnaire index of desire for release were expected to be related to (1) variables reflecting institutional influences; (2) variables reflecting lack of extrainstitutional stability or support from others; and (3) a predominance of truancy and runaway offenses. It was further expected that scores on the desirability of release index at both admission and prerelease stages of institutional stay would be related to the aforementioned variables. At both admission and prerelease, low desire of release (DOR) subjects were more likely than high DOR subjects to have had a period of

previous institutionalization, unstable family relationships (parent absent, parental abuse, rejection), a more pessimistic view of their own homes, and a tendency to deal with home and school difficulties by withdrawal from them. The variables expected to reflect institutional influences on DOR scores were not significantly correlated. The importance of extrainstitutional variables of DOR was also reflected in the fact that subjects whose DOR scores changed from high at admission to low at prerelease were similar to those who remained high from admission to prerelease, except that the incidence of parental abuse-rejection was greater among the former than among the latter. 11 references.

**CD-01620**

Peanut Butter and Jelly Therapeutic Pre-School, Infant, and Family Center, Albuquerque, N. Mex.

**A Family Systems Approach to Child Abuse: Etiology and Intervention.**

Grodner, B.

*Journal of Clinical Child Psychology* 6(1):32-35, Spring 1977.

The traditional theories of the etiology of and intervention with child abuse are briefly reviewed, and a new family systems approach to child abuse is discussed. The family systems approach states that abuse is part of a pattern of relationships and reciprocal transactions between parent and child (and other family members) in which all parties play a part. The family systems approach to intervention focuses on the entire family or parent-child interaction as a system. This approach is practiced at the Peanut Butter and Jelly Therapeutic Pre-School, Infant, and Family Center in Albuquerque. Parents attend class with their children, interact with their child, and observe interactions between the teachers and their child. Direct training, modeling, feedback experimentation, and support are used to change the parent-child interactions. 20 references.

**CD-01621**

Children's Bureau (DHEW), Washington, D.C.

**Child-Caring Institutions: Their New Role in Community Development of Services.**

Gula, M.

Children's Bureau (DHEW), Washington, D.C. 27 pp. (368-1958), '1969.

In a guide for both community members and administrators of child care institutions, ways of identifying children in need of help and of serving them through such institutions as foster families, group homes, orphanages, and mental hospitals are discussed. Patterns of children in need of care change as changing social conditions affect the family and the community. Children presently served by institutions include delinquent children, emotionally disturbed children, retarded children, and dependent and neglected children. The decision on whether to place a child in a foster home or a large institution, or to treat the child in the home, depends on such factors as the needs

and desires of the child and the parents, and the available resources. Resources available for child care vary considerably among communities. Many institutions find themselves faced with new demands by communities as conditions change. Institutions with a tradition of serving normal children, for example, may be urged to provide short-term care for disturbed or delinquent children. Twenty characteristics of a good child-caring institution are listed, and recommendations for long-range planning for the institutional care of children are made. Numerous references.

**CD-01622**

Western Australia Univ., Nedlands. Dept. of Child Health.

**The Role of the Health Services in Prevention, Detection, and Treatment of Child Abuse.**

Gurry, D. L.

*Australasian Nurses Journal* 4(4):14,18, October 1975.

The myth that idealizes motherhood has been refuted by recent findings about the etiology of child abuse. Many abusing parents were also victims of child abuse themselves; consequently they have unrealistic expectations about their babies. Child abuse easily occurs when an immature, isolated, friendless mother from a poor childhood must confront caring for a child who is irritable. Physicians and hospital personnel have several responsibilities in trying to prevent child abuse, such as noting in infants the symptoms which can be a severe nuisance to already troubled parents, and providing the means to relieve these symptoms. Studies by animal behaviorists and neonatologists have shown that extended separation of offspring and mother immediately after birth can delay or prohibit good mothering patterns. Because premature babies are prone to diseases, many of them must spend a good deal of their first weeks in special nurseries. In most cases, mother-infant contact is limited during this period. Studies indicate that this initial separation can cause irreparable damage to mother-child relations. Medical personnel should take precautions to promote extended contact and maternal attachment during this period in order to prevent child abuse.

**CD-01623**

Wisconsin Univ., Milwaukee. Center for Advanced Studies in Human Services.

**All for the Cause and the Cause for Each. A Multidisciplinary Simulation of Community Programming for Child Abuse and Neglect.**

Haeuser, A. A.

North American Simulation and Gaming Association 15th Annual Meeting, Raleigh, N.C., 41 pp., 1976

A social simulation was developed, based on role play in a concrete task environment, to advocate and facilitate a community team approach to the problem of child abuse and neglect. The model role play provides each participant with objectives, resources, constraints, relationships to other players, role-related characteristics, and personality

traits. Roles include a pediatrician, protective services supervisor, juvenile court judge, junior Women's Club president, mental health association president, and a planning federation director. The program is particularly useful to communities which desire to mount a multidisciplinary team effort against abuse and neglect; in addition, social work students may gain insight into the proper methods of case management. The role play is best suited for 6 actors, 6 role observers, and 3 group observers; approximately 1.5 hours are required. 25 references.

**CD-01624**

Wisconsin Univ., Milwaukee, School of Social Welfare.  
**Community Participation in the Prevention and Treatment of Child Abuse and Neglect.**

Haeuser, A. A.  
Association for Administration of Volunteer Services and Association of Voluntary Action Scholars 1976 Annual Conference, Boston, Mass., 15 pp., October 7, 1976.

The role of the community in the prevention and treatment of child abuse and neglect is examined. The National Center on Child Abuse and Neglect defines a community as a geographical area of 200,000 to 500,000 residents, and recommends 3 multidisciplinary teams for each community, one each for identification and diagnosis, long-term treatment, and education, training, and public relations. Each team is responsible to a central and key program director. Four reasons are discussed for citizen participation to advocate and support the community team approach: funding of programs and breaking through the bureaucratic maze which frequently isolates agencies and programs from each other; monitoring professional power and agency problems and facilitating communication among the professionals; advocating and facilitating the use of trained volunteers who can perform important functions as parent aides or lay therapists; and interpreting the community team program to the community, thereby raising the community's level of awareness and understanding of the problem of child abuse and neglect. Ten practical suggestions for community organizers are listed.

**CD-01625**

Wisconsin Univ., Milwaukee, School of Social Welfare.  
**Systematizing Advocacy for Anonymous Clients: From a Parent's Helpline to Parents Anonymous.**

Haeuser, A. A.  
National Association of Social Workers 20th Anniversary Professional Symposium, Hollywood-by-the-Sea, Fla., 10 pp., October 24, 1975.

The use of a hotline manned by trained volunteers to reach isolated or unresponsive parents who are or may be child abusers is described. Anonymity and availability are seen as 2 major factors in breaking the isolation barrier for parents and others hostile to, threatened by, or otherwise unable to use the established service system. Services include brief telephone counseling; information regarding parent education, social services, and other formal and

informal community resources; referral; and empathetic listening to angry parents and to emotionally hungry parents needing encouragement. The program is advertised through cards and brochures, public service announcements on radio and television, bus ads and posters, speaking engagements, and mailings. The 12-hour training program for prospective volunteers covers awareness and use of self; active listening and reflective response; background and management of particularly difficult kinds of calls and callers, including child abusers; and the use of community resources. Home visits by graduate students in social work were instituted for particularly isolated parents, and eventually they were brought together in a Parents Anonymous group.

**CD-01626**

Wisconsin Univ., Milwaukee, School of Social Welfare.  
**The Throwaway Parents: An Indictment of Child Abuse Prevention in Milwaukee.**

Haeuser, A. A.  
Prepared for: Junior League of Milwaukee, Minn., 11 pp., March 1975.

Inadequacies in the social service delivery system of Milwaukee are described and suggestions to improve coordination and treatment effectiveness are made on the basis of experience with the development of the Outpost-Parents Helpline. In 1974 the Helpline handled over 3,000 anonymous calls, of which 118 verbalized or clearly indicated fear of inflicting physical abuse. The Helpline serves a preventive function in linking parents whose problems and frustrations may not yet be critical to appropriate community resources. Programs such as the Helpline and Parents Anonymous are used by parents who are afraid of the authoritarianism inherent in programs mandated by law to provide child protection, or are afraid of social and possibly legal condemnation. The Helpline also has an outreach service to help parents overcome hostility or resistance in utilizing community resources. The emphasis on child abuse reporting in recent years has drawn more attention to catching, instead of helping, the parent. More emphasis on rehabilitation is needed. Milwaukee has no organization accountable for the coordination of professional service delivery, and has yet to institute programs such as lay volunteer parent aides, crisis nurseries and day care facilities, foster grandparents, and homemaker services. 13 references.

**CD-01627**

Royal Infirmary, Preston (England).  
**The Battered Baby Syndrome. Non-Accidental Injuries in Children.**

Hall, M. H.  
In: Papers for Discussion at Sessions. 79th Health Congress of the Royal Society of Health, Eastbourne, April 24-28, 1972. London, Royal Society of Health, pp. 97-102, 1972.

Incidence, diagnosis, reporting, police management, and legal management of physical abuse in England are dis-



cussed. Extrapolating from 1970 and 1971 statistics from the Emergency Department at Preston Royal Infirmary, there may be approximately 11,000 cases of nonaccidental injuries to children in England per year. Experience at Preston shows that half of the cases will require action and approximately 500-600 of the 11,000 children will die. Kempe's figures (25 percent of all fractures seen in the first 2 years of life are nonaccidental) are disputed, and the value of retrospective viewing of x-ray findings and clinical records is questioned. The diagnosis of physical abuse depends mostly on the clinical judgment of the physician concerned. Features of parent and child behavior which should alert the physician are delineated, in addition to the common types of injuries. All marks of violence should be recorded and whenever possible photographed. Bruising on the forehead, cheeks, and chin have characteristic patterns. Positions of bruises on a child's body are also characteristic of abuse. If a physician considers disclosure of confidential information, he should discuss it with the parents and then inform a medical health officer. Police involvement generates many problems in case management unless the police are contacted at a high level where discussions first ensue and there is a higher standard of discretion. Laws in England tend to favor the parent at the expense of the child; advances in medical knowledge have outstripped legal advances in dealing with nonaccidental injury. Two brief court cases are described. 5 references.

**CD-01628**

Marin County Dept. of Health Services, Kentfield, Calif. Developmental Disabilities Section.

**A Physician Examines Professional Neglect of Abused Children.**

Hallinan, P.

*Journal of Pediatric Psychology* 1(2):38-40, Spring 1976.

The shortcomings of reporting procedures and the judicial system in cases of child abuse are discussed, and some possible remedies are suggested. A special judicial group should be trained to deal with battered children. Hospitals, rather than the physician, should be mandated to report. Psychiatric evaluation, while obviously necessary in the case of the deranged parent, is probably of little value for most abusing parents. There should be formulated a committee consisting of a lawyer to represent the child, a physician to examine the child, and a juvenile officer to investigate. The committee should report to a trained judicial representative. There should be a nationwide system of computerized cards with the name, age, and type of injury sustained by each child below the age of 5 years. Public education in this area should be intensified.

**CD-01629****Home-Based Family Services. Report of the Georgia Outreach Project.**

Hamilton, M.

Day Care and Child Development Council of America, Inc., Washington, D.C., 62 pp., May 1975.

The Georgia Outreach Project of the Day Care and Child Development Council of America, begun in 1973, used a home-based approach for its delivery of services to children and families in 13 counties of northern Georgia. It was sponsored by the Georgia Department of Human Resources and funded by the Appalachian Regional Commission and HEW Title IV-A. It demonstrated that home-based child development and family support services are a viable and feasible alternative to traditional early learning and social services. The design of the project is described in terms of the personnel, the goals, and the demonstration component. A chapter on the project setting presents information on the family profiles, the primary caregiver, and the housing and financial situations. Project operations included child development, home management and parenting, sewing classes, home economics projects, mothers' meetings, a sandbox project, special events, health and nutrition, the physical environment, and community services. Five case studies are presented, and the responses to a parent evaluation questionnaire are analyzed.

**CD-01630**

Veterans Administration Center, Jackson, Miss. Dept. of Psychology.

**Measurement and Modification of Incestuous Behavior: A Case Study.**

Harbert, T. L.; Hersen, M.; Barlow, D. H.; Austin, J. B. *Psychological Reports* 34(1):79-86, February 1976.

The use of covert sensitization in the treatment of a 52-year-old man complaining of repeated incestuous behavior with his daughter is reported. Objective and subjective measurement techniques for the assessment of incestuous interest and normal father-daughter interactions are described. Attitudes toward deviant and nondeviant aspects of the patient's relationship with his daughter were assessed during baseline, treatment, and followup phases by a card-sort technique. Penile circumference changes were also obtained in response to stimulus materials consisting of photographs of the daughter and auditory descriptions of incestuous activity with the daughter. The covert sensitization procedure paired noxious scenes based on subjectively reported aversive aspects of incestuous behavior with scenes arousing incestuous behavior. Appropriate father-daughter interactions were encouraged and reinforced. The patient received 15 days of treatment in the hospital, followed by booster sessions over a 6 month period. Incestuous interest was eliminated, and appropriate father-daughter interactions improved. 22 references.

**CD-01631****Permanent Chorio-Retinal Lesions in Childhood of Suspected Traumatic Origin.**

Harcourt, B.; Hopkins, D.

*Transactions of the Ophthalmological Society of the United Kingdom* 93:199-205, 1973.

Retinal and preretinal hemorrhages are often associated with subdural hematoma or effusion in young children.

The intraocular bleeding is thought to be related to abrupt and marked elevation of intracranial pressure which produces marked retinal venous hypertension. In many cases of subdural effusion in infancy there is a suspected or proven traumatic etiology, and a number of affected children fulfill the diagnostic criteria of the battered child syndrome. The presence of especially extensive retinal, preretinal or vitreous hemorrhages, or of preretinal exudates, should particularly raise the suspicion of physical abuse. In the majority of cases of subdural effusion, the associated intraocular hemorrhages clear without any long-term complication. However, in some instances there is a permanent loss of vision, or macular scarring with atropic, pigmentary, or proliferative changes. Deliberate physical abuse which such babies suffer tends to be episodic; parents tend to have no permanent settled address so that the child is brought to several different hospitals. Thorough ophthalmic examination is an important aspect of the comprehensive assessment of any child presenting with any disorder of possible traumatic origin in which a suspicious history is given. 7 references.

**CD-01632**

Oregon Univ., Portland. Dept. of Medical Psychology.  
**Child Abuse: Psychological Evaluation and Court Testimony.**

Harper, R. G.; Eyberg, S. M.

*Journal of Pediatric Psychology* 1(2):80-82, Spring 1976.

The role of the psychologist in evaluating cases of child abuse is discussed, and some practical suggestions regarding his court appearance are made. In assessing the risk of future abuse, it is most important to obtain a complete and detailed description of each past incident of abuse. The initial problem for the psychologist is to identify to the parents his legally defined role as child advocate, while still communicating an unprejudiced attitude and a genuine interest in the parents' needs and problems. Parents should receive a detailed clinical interview, a comprehensive intellectual assessment (WAIS), and a relatively objective personality evaluation. Other procedures depend on individual questions and the particular skills of the psychologist. Behavioral observations of parent-child interactions are essential. Individual assessment of the child's intellectual and developmental levels is usually important, using such tests as the Stanford-Binet, WISC-R, Boyd Developmental Progress Scale, or Denver Developmental Test, depending on the age of the child. An interview with the child is also frequently important. Evaluation of parental fitness requires assessment of past and current psychopathology, knowledge of parenting skills, and motivation and capacity for learning. Consideration of termination of parental rights involves weighing the potential risk of re-abuse against the possibility of emotional deprivation and institutional abuse. The psychologist should rehearse his court appearance, be familiar with the procedure, articulate brief responses in language free from jargon, and support his recommendation with established facts. 9 references.

**CD-01633**

University of the Pacific, Stockton, Calif. Dept. of Education.

**Child Abuse and the School.**

Harriman, R. L.

Doctoral Dissertation. Ann Arbor, Mich., University Microfilms, 128 pp., 1975.

The California school system was studied in order to develop a model which would provide more adequate procedures for dealing with child abuse cases in school districts. The resulting model includes board policies, administrative rules and regulations, and recommendations for in-service training of personnel. Data collection procedures included in-depth review of the related literature; selection of 2 members of the California State Department of Health to aid the research; contacting all county offices of education in the state through written inquiry; and contacting Protective Services and the Juvenile Probation Office in Santa Clara County, and the State Justice Department. A primary purpose was to locate existing exemplary school district child abuse intervention programs. Few school districts in California had written child abuse policies, administrative rules and regulations, and in-service training for school personnel. Only Hayward Unified School District and the Oakland Unified School District had written statements specifying procedures. In-service training of school personnel in child abuse was generally at the discretion of the individual school district; mandatory in-service training was not found. The model recommendations for these deficiencies are presented. Correspondence gathered during the research is appended along with the contemporary national and California child abuse laws. 67 references.

**CD-01634**

Douglas County Dept. of Social Services, Omaha, Nebr.

**Child Abuse: An Overview.**

Hays, R. H.

*Creighton Law Review* 8(4):743-756, 1974-1975.

The history of child abuse in the United States is reviewed. Topics discussed include the characteristics of abusive parents, situations which precipitate an abusive incident, and the characteristics of abused children. Two case studies from the files of Douglas County, Nebraska, Child Protective Services are presented. The Douglas County Child Protective Service maintains the philosophy that child abuse is a symptom of a malfunctioning family unit, and utilizes a nonpunitive, nonaccusatory treatment approach. Referrals to the agency are made by hospitals, clinics, private physicians, visiting nurses, police, schools, and private citizens. Nebraska law currently mandates reporting suspected child abuse and neglect cases to the local law enforcement agency, but because this has caused controversy, a bill to change the receiving agent to the Protective Services unit is being considered. 31 references.

**CD-01635**

Head Start Bureau (DHEW), Washington, D.C. Div. of Indian and Migrant Programs.

**Child Abuse and Neglect Resource Directory: An Information Guide for Indian Tribes, Other Indian Groups, and Indian Serving Organizations.**

Head Start Bureau (DHEW), Washington, D.C. Div. of Indian and Migrant Programs, (OHD) 77-31099, 19 pp., October 1976.

This resource directory is intended as an information guide to provide starting points for obtaining information and technical assistance in the area of child abuse and neglect for Indian tribes, other Indian groups, and Indian serving organizations. The functions of the National Center on Child Abuse and Neglect are described, and resource demonstration projects in the various HEW regions are summarized. The child abuse specialist in each of the regions is listed, along with his address and telephone number. Seven child abuse and neglect demonstration projects which focus services on Indian children and their families are briefly reviewed. Reports on Indian child welfare available from HEW are listed, and the model code for Indians developed by the American Indian Law Center at the University of New Mexico is described. Child abuse and neglect publications available from the Government Printing Office and a public relations manual from the National Center are also listed.

**CD-01636**

Ministry for Youth and Community Services, Sydney (Australia).

**Legislative Aspects of the Battered Baby Syndrome in the Various States of Australia. (Letter).**

Healey, R. O.

*Medical Journal of Australia* 2(14):540, October 5, 1974.

Recent legislative efforts in New South Wales, Australia, toward the development of a reporting statute for the battered baby syndrome are briefly discussed. A complete review of the Child Welfare Act of 1939 and other associated legislation was initiated in December, 1973, by the Minister for Youth and Community Services. One project team was specifically instructed to report on legislative provisions for the protection of children. This team will consider whether the introduction of a reporting statute with appropriate safeguards for medical practitioners and others reporting cases of ill treatment is appropriate.

**CD-01637**

Texas Univ., Galveston. Dept. of Pediatrics.

**Recognizing Child Abuse. Identification, Initial Plan, and Management Problems.**

Hebeler, J. R.

Texas Univ., Galveston. Dept. of Pediatrics, 35 pp., September 1976.

General guidelines for the identification, reporting, and management of abused and neglected children, as mandat-

ed in the Texas Family Code, are presented. The historical data and physical findings which are generally accepted as indicative of abuse or neglect are reviewed. The process for initiating a report of abuse and neglect and the initial management steps are described. The nature of the problem, with regard to statistics, characteristics of the victim, characteristics of the abusing adult, family characteristics, and abusive situations, is discussed. Identification guidelines for health professionals, school personnel, mental health workers, police, and protective service workers are detailed; steps for the physician to take in the management of abuse and neglect cases are listed. Shortcomings in the ability to comply with the state family code and case management problems are presented.

**CD-01638**

Wayne State Univ., Detroit, Mich. Dept. of Pediatrics.

**From the U.S. -- A Doctor's View of Child Abuse.**

Heins, M.

*Canadian Welfare* 50(5):13-15, September-October 1974.

Child abuse is described from the physician's vantage point, and some suggestions for its prevention are proposed. More male than female children are abused, and the majority of abused children are under the age of 4 years. The history is often of unexplained trauma or of accident inconsistent with the clinical findings. The parents are usually young, have a history of neglect or abuse in their own childhoods, and are under social, economic, or emotional stress. The child may demonstrate failure to thrive, developmental retardation, evidence of a disturbed mother-child relationship, or autistic or depressed behavior. Commonly encountered external and radiographic evidence of trauma are listed. Four historical stages of society's view of child abuse are identified: denial, punitive, pseudo-punitive, and rehabilitative. Ways of preventing child abuse are effective birth control to prevent unwanted children; preparation of young people for parenthood; assistance for the overworked mother; attacking the problems of poverty which enhance social isolation; examination of the cultural attitudes toward violence and physical punishment; identification of high-risk parents; and provision of child protective services in every community.

**CD-01639**

Michigan State Univ., East Lansing. Dept. of Human Development.

**Arresting or Freezing the Developmental Process. Being a Kid Isn't All That Easy.**

Helfer, R. E.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 55-59, 1976.

Several examples are briefly cited to support the concept that parents who subject their children to abuse or neglect are themselves the product of early childhood abuse or neglect. Such parents are ill-equipped to teach their chil-

dren such things as how to set priorities and plan ahead, how to trust others, how to make friends, how to develop a good self-image, the difference between feeling and behavior, how to express their feelings, and how to meet their needs in an acceptable manner. A literature review indicates that there are several critical points in the developmental process. Abusive or neglectful insults at these critical points, if they are serious and long-standing, may have a permanent effect on the individual.

**CD-01640**

Michigan State Univ., East Lansing. Dept. of Human Development.

**Basic Issues Concerning Prediction.**

Helfer, R. E.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 363-371, 1976.

A screening program for early identification of parents at risk of committing child abuse is discussed. The potential results from such a program are compared with those derived from the screening program for cystic fibrosis. A guarantee of confidentiality and informed consent is essential for such a program. There are 3 times in the life of parents or future parents when they are readily accessible for a mass screening or mass intervention program: during the future parents' junior and senior high school years; when a woman presents herself for prenatal care or at delivery in the hospital; and when the parents first bring their 5- or 6-year-old child to the school system. The program should not be limited to those women who present for prenatal care only at public institutions, but should include women from all economic backgrounds. Among the possible methods of screening is a questionnaire currently being field-tested. Detailed observations of mothers and babies in the delivery room may offer important information in predicting the mother-child relationship. Once identified, several therapeutic approaches should be followed. A family planning scheme should be adopted, and good parenting techniques should be taught. The high-risk individual should learn to trust others, to improve self-image, and to develop friendships. A joint therapeutic approach should be initiated to help the parents better understand, accept, and support each other. An extensive program should be undertaken to provide the children with age-related early childhood experiences both in the home and in the community. Methods of problem solving, crisis prevention, and crisis resolution should be taught. In order to implement all these programs, schools and hospitals would have to become heavily involved; home visits would be required; and mental health services would have to be expanded. In spite of the difficulties in effecting such a program, the result would be positive.

**CD-01641**

Michigan State Univ., Lansing. Dept. of Human Development.

**Early Identification and Prevention of Unusual Child-Rearing Practices.**

Helfer, R. E.

*Pediatric Annals* 5(3):183-190, March 1976.

As with other serious diseases, the later stages of therapeutic efforts involving child abuse are concerned with research on early identification and prevention, and the initiation of screening and prevention programs. A few areas of the U.S. have already begun to test various screening instruments for the detection of abnormal child-rearing attitudes. Two aspects must be adhered to if a screening program is to be useful: the degree of accuracy of a screening test in correctly identifying "high-risk" subjects, and the degree of accuracy of a screening test in correctly identifying "low-risk" subjects. Confidentiality is also a major consideration. In an ongoing Denver study 400 women were screened and 25 percent were identified as high risks. Considered in the light of the incidence of juvenile court cases, the high percentage does not seem erroneous. Care must be taken to assess all groups in a screening program, not just the most easily accessible. Screening methods now under study include a revised questionnaire covering 50 items, observations of mother-neonate interaction, and observation of the feeding of an infant by a mother. Basic approaches to preventive therapy include instruction in parenting skills and early child development, developing trust in interpersonal relationships, a joint therapeutic approach to help parents understand each other, provision of normal childhood experiences, and the teaching of problem solving and crisis prevention methods. Schools must provide parenting education for adolescents and adults. Hospitals should emphasize parent-child contacts immediately after birth. Health services should be expanded to help provide some childrearing training.

**CD-01642**

Michigan State Univ., East Lansing. Dept. of Human Development.

**The Reluctant Samaritans.**

Helfer, R. E.

*Emergency Medicine* 7(3):121-122, 127, March 1975.

Some of the reasons that physicians too often fail to become involved in the problem of child abuse are discussed, and some recommendations to rectify that situation are offered. Physicians are not trained to deal with the problem of child abuse and neglect in medical schools, nor do they learn how to work with members of other disciplines or other professions as peers. The enormous drain on time and finances and the reluctance to become involved in court proceedings are also cited as reasons for failure to become involved. Finally, the personal rewards of involvement in child abuse and neglect cases are often minimal and difficult to identify, and physicians are not trained as catalysts of change. Child abuse and neglect should be considered a legitimate subspecialty of pediatrics and child abuse consultants should be subsidized. Child protection teams consisting of about 12 protective service workers, a

public health nurse, a half- to full-time pediatrician specializing in child abuse and neglect, a psychologist, a lawyer, a police liaison officer, and clerical help should be available to treat cases. There should be one of these teams for every 400,000-500,000 population.

**CD-01643**

**Fatalities From Child Abuse and Neglect: Responsibility of the Medical Examiner and Coroner.**

Helpern, M.

*Pediatric Annals* 5(3):156-163, March 1976.

All deaths from violent causes and all deaths about which there is any suspicion of violence, including those of infants and children, are reportable by statute in every jurisdiction in the U.S. The reporting of such deaths is the duty of the office of the coroner or of the medical examiner. Sudden natural infant deaths whose cause has not been discovered should be investigated as completely as possible because they may reveal a previously unsuspected but demonstrable cause. Investigations should be carried out by qualified forensic pathologists so that erroneous findings can be avoided. One of the most serious errors in cases of evident traumatic injury is failure to recognize the pattern and age of the lesions. Two cases in which conclusions were in error because of the confusion of ante- and postmortem injuries are described. The differentiation of antemortem and postmortem traumatic injury is not always easy because postmortem bleeding is often produced mechanically, without cardiac action. The medical examiner, unlike the pathologist who is called upon by a coroner to perform an autopsy in a case of violence, initiates an examination and carries it through, performing the autopsy, determining the cause, and closely directing police investigations. Well-documented evidence is the key to justifiable medical and subsequent judicial determinations.

**CD-01644**

Women's Prison Association, New York, N.Y.

**A Study in Neglect: A Report on Women Prisoners. July 15, 1972 -- October 15, 1972.**

Hendrix, O.

Women's Prison Association, New York, N.Y., 44 pp., 1972.

A 3-month survey of the New York City Correctional Institution for Women was conducted to develop an inmate profile. Of the 158 women, 106 had children and 104 indicated that they were heads of their households. Only 8 percent of the children of incarcerated women were in foster homes; however, some of those children whose mothers indicated that they lived with family may have been in foster homes. Experience of the Women's Prison Association, Children of the Offender Program has shown that although there are agencies mandated by law to protect the rights of these children, numerous service gaps exist. In many cases these agencies are not aware of the whereabouts of the children, or cognizant of their special needs. In conjunction with the New York City survey, a national

survey of approximately 85 correction institutions and involved agencies was conducted. Statistics from both surveys are presented and briefly analyzed. Pertinent aspects include demographic data, length of stay, types of crimes, sources of income, and institutional services available. Recommendations are made for improvement of the system.

**CD-01645**

Hacienda Convalescent Hospital, Roseville, Calif.

**Cries of Children.**

Henson, D. D.

*Journal of Practical Nursing* 25(12):26-27, 35, December 1975.

The problem of child abuse and neglect, and the responsibility of nurses in treating the maltreated child are discussed. Nurses should be aware of the signs of abuse and neglect, report suspected cases, and deal gently with the child, who is often frightened and distrustful. It is important to provide emotional support for the child, and gain his trust and confidence. Factors most often observed in child abuse and neglect cases are tabulated. Characteristics of abusing parents include destructive, secretive, and reserved behavior, while neglecting parents passively allow harm to come to their children. Psychological understanding in dealing with the abusive parent is necessary in order to help the child. Case examples of abuse and neglect are cited. 3 references.

**CD-01646**

**I Hope My Daddy Dies, Mister.**

Herrmann, K. J., Jr.

Philadelphia, Dorrance and Co., 111 pp., 1975.

This factual account of 1 week in the life of a county child protection worker reviews the stresses that protection workers face, such as large case loads, "worker burnout," physical abuse and deprivation among clients, court responsibilities, and agency problems. Actual case examples are recounted, and an epilogue provides follow-up information on each case.

**CD-01647**

Children's Advocates, Inc., Boston, Mass.

**Communication and Collaboration in Developing Approaches to Child Abuse Prevention and Treatment.**

Hill, D.

In: Fifth National Symposium on Child Abuse. Denver, Colo., American Humane Association, pp. 63-67, 1976.

The question of ultimate responsibility and accountability over the child's welfare in neglect and abuse cases tends to exaggerate frustrations over communications and coordination among people dealing with the case. Distrust between disciplines also hinders communication. The issue of control over the course of case management is also a common problem. Another obstacle to good communica-

tion is the lack of experience or knowledge about how to communicate. A multidisciplinary group composed of 23 agencies concerned with providing services to families of abused children in Boston was organized to correct these problems of communication. The group, now known as Children's Advocates, Inc., has 4 main objectives: (1) catalyze effective communication among the responsible, caretaking professions for the protection of children; (2) continue to define guidelines on protective services for children suffering from child abuse; (3) serve as a consultative and educational resource for the prevention, detection, and treatment of child abuse; and (4) develop and establish programs and services related to the protection of children.

**CD-01648**

Malaya Univ., Kuala Lumpur (Malaysia). Dept. of Psychological Medicine.

**A Battered Child.**

Hock, Y. O.; Hwang, W. T.

*Medical Journal of Malaysia* 30(1):43-47, September 1975.

The case of a 6-year-old twin girl who had been the victim of child abuse is presented. The child weighed only 3 pounds 10 ounces at birth, could not suck, and had to be tube fed and nursed in an incubator. When she was discharged home at age 2 months, the father was called out of town for 5 months and the mother had to care for 3 children by herself. The child was slow in developing, both physically and mentally. The mother was ashamed of her and angered by her general unresponsiveness, and had unreasonably high expectations of the child. Referral to a doctor for advice on school placement and a behavior problem revealed an inconsistent history of fracture of the left femur at age 4, numerous scars on the neck and body, and a linear, 2-inch scar of a deep incision wound on her right forearm. The doctor referred the child to a hospital for management of her presenting symptoms and suspected battered child syndrome. The child was placed with her grandparents and enrolled in a special school. 7 references.

**CD-01649**

Hennepin County Dept. of Welfare, Minneapolis, Minn.  
**Protective, Preventive Services -- Are They Synonymous?  
Discussant's Comments.**

Hoel, H. W.

In: *Protective, Preventive Services -- Are They Synonymous?* Denver, Colo., American Humane Association, pp. 17-23, 1969.

Although the terms protective services and preventive services are not considered synonymous, a good, competent program of protective service also prevents the development of disorganization within the family and community. Protective service is a technique, an approach to the treatment of a problem, with results which are remedial, rehabilitative, and preventive. Protective services become preventive by means of the resources an agency uses, the

way it encourages and provides opportunity to parents and children to attain their maximum in adjustment and development as individuals or as a family. Protective services should be a part of a wide range of services for both the family and the child, and should include traditional services, services to the unwed mother, and child placement. The Hennepin County Welfare Department has offered a specialized protection service within its child welfare program for the past 25 years. Results indicate that as families become involved with the agency in a positive way, fewer court referrals become necessary. The application of services in a child protection program should result in immediate, as well as long-term preventive measures.

**CD-01650**

Community Task Force on Child Welfare Reform, Washington, D.C.

**Neglect and Abuse System and Cost Study for the District of Columbia.**

Holman, M.; Maney, A. C.; Stein, M. A.

Community Task Force on Child Welfare Reform, Washington, D.C., 21 pp., January 19, 1976.

Implementation of a comprehensive child protection program to ensure service to families reported for abuse or neglect would necessitate reducing social workers' caseloads, upgrading training prerequisites in 24-hour Protective Services, adding emergency caretakers and emergency homemakers, increasing protective service staff to handle increased police referrals, and broadening reporting requirements. The estimated cost of such changes in the District of Columbia is about \$900,000; savings in reduced foster care for the first year of operation are estimated to be roughly \$900,000. Since many of the child welfare services are eligible for federal reimbursement, the operation of a comprehensive child protection program would result in a savings to the D.C. government. The local cost for a proposed center could be approximately \$200,000; however, savings from reductions in foster care placements could be as high as \$800,000. Another \$100,000 could result from shifting federal claims from Title XX to Title XIX of the Social Security Act. Numerous references.

**CD-01651**

Community Research Applications, Inc., New York, N.Y.  
**Child Abuse and Neglect Programs: Practice and Theory.**

Holmes, M. B.

Prepared for: National Inst. of Mental Health (DHEW), Rockville, Md., (ADM) 76-344, 200 pp., 1977.

This report is addressed to program planners within community mental health centers, child guidance clinics, public and private family and social service agencies, and hospitals. The first part presents 8 program case studies, and the second part is a synthesis of what has been learned both from the literature and from site visits to the 8 programs. The 8 programs are highly diverse in terms of communities, auspices, services, operations, relationships

with other agencies in their communities, and styles and philosophies of treatment. There are 2 hospital-based programs; 2 private, nonprofit agency-based programs; 2 public social service agency programs; and 2 community-based team programs. The sections on case management and treatment presented within each of the case studies provide detailed reports on the treatment of actual cases. Data on program funding, operations, staffing patterns, and the characteristics of the participants were also collected. A chapter presents the extensive conclusions of the study, and recommendations for community mental health centers. Numerous references.

**CD-01652**

Community Research Applications, Inc., New York, N.Y.  
**Protective Services for Abused and Neglected Children and Their Families.**

Holmes, M. B.; Holmes, D.; Tapper, D.

Prepared for: Social and Rehabilitation Service (DHEW), Washington, D.C. Public Services Administration, (SRS) 77-23042, 124 pp., 1977.

A guide presents information to assist state and local administrators in public welfare and social service departments in developing a responsive and comprehensive protective services program. Topics related to state level planning include initiating and reacting to proposed state legislation; developing working definitions of abuse and neglect, formulating policy, and setting standards for local programs; developing state-federal coordination; serving as an information clearinghouse; family advocacy; providing technical assistance to local protective services; evaluating local programs; establishing centralized reporting; and developing a budget. A second section on protective services at the local level covers definitions of abuse and neglect; organization and staff structure; assessment, investigation, and validation; supportive and treatment services; resource development and interagency coordination; and recordkeeping and other management tools such as accountability, planning, and evaluation. Summary checklists are provided for both sections.

**CD-01653**

Community Research Applications, Inc., New York, N.Y.  
**Volume II. Child Abuse and Neglect: The View From the Literature and the View From the Field.**

Holmes, M. B.; Tapper, D.

Prepared for: National Inst. of Mental Health (DHEW), Rockville, Md., 231 pp., September, 1975.

A synthesis of information obtained through on-site visits to 8 child abuse and neglect programs and review of nearly 300 documents is presented. The information is reviewed in terms of their contribution to each of the following areas: criteria and definitions; case reporting and incidence; characteristics of abusers and neglecters; characteristics of the abused or neglected child; identification,

case management, and treatment; and social service, health, child care, educational, and law enforcement systems. Most of the literature reviewed was of a clinical, descriptive nature focusing on family characteristics and case reporting. Issues emphasized by the report indicate that (1) operational definitions of abuse and neglect should be clearly incorporated into state law; (2) reporting increases are heavily influenced by professional capability and clearly understood reporting mechanisms; (3) Incidence studies are fraught with methodological problems; (4) the dynamics of abuse are more clear and have received more attention than structural variables; (5) abused and neglected children are damaged in terms of their ability to function adaptively; (6) Case identification and treatment should be well planned and coordinated; and (7) all agencies dealing with children should have special provisions for child abuse case management. 296 references.

**CD-01654**

Institute of Family Psychiatry, Ipswich (England).

**Whose Responsibility? -- Parent, Foster Parent, or Local Authority? Separation or Death.**

Howells, J. G.

*Royal Society of Health Journal* 95(5):257-263, October 1975.

Certain misconceptions are partly responsible for the resistance to life-saving separation of an abused child and his parents. Notions of a 'special feeling' and unique bond between a child and his biological parents are questioned. Separation is not necessarily synonymous with deprivation. As the person responsible for the care of the battered child, the social worker needs to keep in mind that sound working principles are vital; not all adults are able to be happy, loving parents; shortcomings in an organization tend to be obscured by cries for more money; long-term goals are often lost for short-term stopgap measures; searching for a scapegoat seldom adds constructively to a program's progress; and children deserve as much attention as the abusive parents. The necessity for expertise, valid assessments of social situations, knowledge of the responsibilities of social service agencies, awareness of the rights of children, the burden of responsibility of the state for the child's welfare, and the view of child battering as an index of the overall condition of children are discussed. 7 references.

**CD-01655**

Institute of Family Psychiatry, Ipswich (England).

**Remember Maria.**

Howells, J. G.

London, Butterworth and Co., 117 pp., 1974.

The historic case of Maria Colwell is analyzed. Maria was placed in foster care at the age of 6 months because of neglect by her mother. At age 6 years she was returned to her natural mother and a stepfather under court supervision. In the last 9 months of her life, 30 complaints were made about her care and upbringing and 56 visits were

made to the home to investigate and supervise. Despite all efforts, Maria was fatally beaten by her stepfather. Three basic misconceptions led to the various decisions which left Maria at risk: (1) overriding emphasis was given to the special feeling or mythical bond between a child and his natural mother; (2) general belief in the mother-child bond was so strong, all other loving bonds (in this case with the foster parents) were perceived as less important; and (3) a child's natural family was believed to be better for him than any other family. A chapter is devoted to each of these issues. Three other issues brought out by the Maria Colwell case are the conditions that prevent families from providing loving care to their children, the possibility of intervening in such situations, and ways to adjust child care practices. The generational repetition of poor child rearing practices and child abuse is a major theme of the last chapters. 5 references.

**CD-01656**

Royal Alexandra Hospital for Children, Camperdown (Australia). Community Pediatric Unit.  
**Nonorganic Failure to Thrive: A Long-Term Follow-up.**  
 Hufton, I. W.; Oates, R. K.  
*Pediatrics* 59(1):73-78, January 1, 1977.

Twenty-one children diagnosed as having nonorganic failure to thrive were reviewed at an average of 6 years 4 months after their initial presentation at the Royal Alexandra Hospital for Children, Sydney, Australia. Most of the children were normal in height and weight. A children's behavior questionnaire completed by teachers indicated that one-half of the children had abnormal personalities. Two-thirds had a delayed reading age. Intelligence testing (Weschler Intelligence Scale for Children) showed that one-third had verbal scores significantly lower than their performance scores. Three children from the original group of 30 suffered abuse from either a relative or a father surrogate; 2 of these children died. Many of the features of the families in this series have been found in battering families. The observed delay in educational attainment may be corrected if children are placed on a special education register when they are admitted to the hospital with nonorganic failure to thrive. The traditional medical approach to this condition needs to be further complemented by intensive social support for the families at the time of initial presentation. The Royal Alexandra Hospital has instituted a coordinated management program for the families with the hope that this plan of intensive support and follow-up will ameliorate the long-term sequelae of abnormal physical, educational, and emotional development. 15 references.

**CD-01657**

Manitoba Dept. of Health and Social Development, Winnipeg.  
**Assessing Maternal Attachment: First Step Toward the Prevention of Child Abuse.**  
 Hurd, J.M.L.  
*Journal of Obstetric, Gynecologic and Neonatal Nursing* 4(4):25-30, July-August 1975.

Effective treatment of child abuse must be initiated long before abuse begins. The obstetric nurse can initiate this process in the first crucial postpartum days by assessing maternal attachment. Through careful observation and interviewing she can identify families at risk, and she can then become instrumental in the development and implementation of an effective system of referral and follow-up care. As a result of her efforts such families can eventually cope adequately with the stresses of their parental roles, and in extreme cases, serious tragedy may be averted. 8 references.

**CD-01658**

Malaya Univ., Kuala Lumpur (Malasia). Dept. of Psychological Medicine.  
**Battered Child Syndrome in a Malaysian Hospital.**  
 Hwang, W. T.; Chin, C.; Leng, L. K.  
*Medical Journal of Malaysia* 28(4):239-243, June 1974.

The social case notes and medical records of 7 cases of the battered child syndrome seen at the University Hospital of Kuala Lumpur since 1967, are reviewed. The clinical features included bruises, scalp hematoma, radiological evidence of fractures of the skull, and abdominal visceral injuries. A history of assault was available at admission in 3 cases, and suspicion was confirmed later in the other 4. In most cases, the children did not return for medical and social follow-up. The parents of the abused children were young, predominantly from the lower socioeconomic classes, and had a history of rejection, hostility, and indifference in their own childhood. One case involved abuse by a 7-year-old foster brother. The importance of team work between the doctors and social workers and hospitalization of the suspected child at the initial stage of treatment is stressed. 19 references.

**CD-01659**

Children's Hospital Medical Center, Boston, Mass. Family Development Study.  
**Uses and Abuses of Information in Protective Services Contexts.**  
 Hyde, J. H., Jr.  
 In: Fifth National Symposium on Child Abuse. Denver, Colo., American Humane Association, pp. 56-62, 1976.

The difficulties inherent in the information process are present in many areas of the child abuse problem, including casework practice itself. During initial involvement in the case, the child protection services worker should develop an adequate data base from which to evaluate the risk to the child, and begin formulating a viable treatment plan. The investigations made to determine this information should follow specific guidelines and be conducted under set policies. Secondary sources of information, which are sometimes used in care and custody proceedings, should be carefully analyzed. While these precautions may limit the protective service worker's authority, the law provides adequate safeguards for the child's protection in *parens patriae* and 'good faith' provisions. It is



important that intervention have long-range benefits for the whole family. Legal and ethical problems exist concerning exactly what constitutes abuse. The question of interpretation varies throughout the field and poses a problem in determining incidence. Too often caseworkers are faced with decisions for which they do not have enough available information. In such cases a second opinion is desirable and quick decisions should be made.

**CD-01660**

National Society for the Prevention of Cruelty to Children, London (England). National Advisory Center for the Battered Child.

**Accidents in the Home to Children Under Two Years. A Report on a Questionnaire.**

Hyman, C. A.

*Health Visitor* 47(5):139-141, May 1974.

Health visitors in the County of Surrey were asked to complete a confidential questionnaire on the family of every child under the age of 2 years sustaining any accident in the home. Fifteen cases of suspected nonaccidental injury drawn from the questionnaire were compared with 15 cases of known accidental injury. Analysis of the questionnaire responses indicated that parents suspected of battering their children differed from parents whose children sustained accidental injury in that battering parents were somewhat younger than their counterparts; there was more doubt concerning the paternity of the injured child among the alleged battering families than in the accident cases; more of the supposed battering parents had been thought to have sought termination of the pregnancy of the child whose injury was reported; far more of the suspected battering cases occurred either when the mother was pregnant or within 7 months of her last delivery or miscarriage; the health visitor was generally more familiar with accident families than with battering families; and there were more marital and financial problems in the battering families. Though not statistically significant, it appeared that injuries in the accident sample occurred between 13 and 18 months after birth, a time in normal child development when one expects a child to fall frequently. The nonaccidental injuries occurred at ages when the child was either totally helpless or somewhat negativistic (0-6 months or 18-24 months). Marital and financial problems coupled with pregnancy are valid danger signals.

**CD-01661**

National Society for the Prevention of Cruelty to Children, London (England). National Advisory Center on the Battered Child.

**A Psychological Study of Child Battering.**

Hyman, C. A.; Mitchell, R.

*Health Visitor* 48(8):294-296, August 1975.

A pilot study of aspects of the psychological functioning of members of battering families is presented. Battered children over 2 years of age were given the Stanford Binet Test and those under 2 years were given the Bayley Scales

of Infant Development. A mean score of 80 was found, which was lower than the mean score for a normal distribution of test results. Fourteen of the 25 children were retested at an interval of approximately 2 years after the first test, with an improvement approaching norms noted in the scores. This was attributed to their families' contact and treatment by the NSPCC National Advisory Center on the Battered Child. Thirteen of the battered children were compared with a matched group on results of the Bene-Anthony Family Relations Test which is designed to assess a child's attitudes toward family members. The control children were more involved with the mother figure than the battered children. Several developmental tests given periodically to children involved with the NSPCC Therapeutic Nursery correlated a high success rate with a setting which has a high staff-child ratio and offers increased personal attention. Battering parents scored higher on practical intelligence than verbal intelligence, while normal parents scored conversely, as measured by the Wechsler Adult Intelligence Scale. On Cattell's Sixteen Personality Factor Questionnaire the 2 groups were compared; battering mothers scored lower on the capacity for character integration and maturity of personality, and battering fathers showed defective personality integration, as well as a tendency to take refuge in fantasy and avoid facing reality. Battering fathers were also significantly more introverted than their matched controls. 12 references.

**CD-01662**

Temple Univ., Philadelphia, Pa.

**A Bicentennial Consideration of the Advent of Child Advocacy.**

Hyman, I. A.

*Journal of Clinical Child Psychology* 5(3):15-20, Winter 1976.

Events in the history of child advocacy in the United States are reviewed, and a definition and measurement of child advocacy as it exists today are considered. In the early history of the U.S., children had few if any rights, and, according to Calvinist tradition, they were inherently evil. In 1874, the New York Society for the Prevention of Cruelty to Children was formed, and in 1899 the first juvenile court was established in Chicago. The first White House Conference on Children and Youth was not held until 1909, and it was not until 1938 that the first enforceable child labor law was passed. Other milestones in the history of child advocacy include the Social Security Act of 1935, The Brown Decision of 1954, the Colorado Child Abuse law in 1963, the Head Start Project of 1965, the Gault Decision in 1967, and the establishment of the National Center for Child Advocacy in 1971. The concept is developed that the essence of the child advocacy movement is change, and new theories and strategies are needed to sustain the movement. A child advocacy model is presented based on a parallel system in which the school psychologist sets up an in-service training program using approaches which are different from those used by the staff. 46 references.

**CD-01663**

Catholic Charities, Chicago, Ill. Emergency Protective Service Intake Unit.

**Emergency Protective Service: A Model for Public Voluntary Cooperation.**

Iliopoulos, M.; Krause, D. M.

*Catholic Charities Review* 56:1-7, December 1972.

The need to establish a harmonious working relationship between private and public child welfare agencies was met by the joint efforts of the Illinois Department of Children and Family Services and the Catholic Charities Department of Foster Care Services. The Catholic Charities Emergency Protective Service Program was conceived as a result of joint planning and operates on a contractual agreement. Working with a respect for the rights of children and parents, in addition to the recognition of society's responsibility, the program has made possible complete joint planning and operation; written contract as reference point for operations; accountability at all working levels; mutual sharing of information, facilities, and evaluations; facilitated access of services to children from all backgrounds; crisis-oriented intra-agency support; and recognition of the rights of children to an adequate way of life. The successful operation of the program points to its potentials as a model for coordinated efforts. 5 references.

**CD-01664**

Hawaii Univ., Honolulu. Dept. of Psychiatry.

**The Treatment of Child Abuse: Play Therapy With a 4-Year-Old Child.**

In, P. A.; McDermott, J. F., Jr.

*Journal of the American Academy of Child Psychiatry* 15(3): 430-440, Summer 1976.

Successful play therapy with a severely regressed 3-year-old girl who had first been neglected by her mother, then abused by her grandparents, is reported. The child was the middle child of an adolescent mother and her soldier husband. When the child was 2.5 years old, the marriage ended in divorce, and the grandparents brought their daughter and her 3 children to live with them. The children were neglected before and after return to the grandparents, and when the mother became pregnant again and entered a home for unwed mother, the grandparents gained custody of the children. Subsequently, the child was burned by the grandfather, hospitalized as an abused child, and placed in foster care. After 3 months the foster mother brought her to a psychiatric clinic because of regressive behavior such as smearing feces, self-inflicted epistaxis, refusing to urinate, and defecating in the bathtub. The child made rapid recovery through play therapy. Six months after the beginning of treatment, her mother remarried and her situation appeared stable enough for maternal visits. The importance of individual psychotherapy in some cases, in addition to removal from the abusive situation, is stressed.

**CD-01665**

Institute for Scientific Analysis, San Francisco, Calif. Native American Research Group.

**American Indian Socialization to Urban Life: Final Report.**

Prepared for: National Inst. of Mental Health (DHEW), Rockville, Md., 110 pp., 1977.

For this study of the urbanization of the American Indian, 120 Indian families from the Oakland, California, Indian community were interviewed. One-third were matrilocal; 27 percent were receiving public welfare; and another 10 percent were receiving unemployment benefits. Each family was asked to select one of their children as the "focal child," and a series of questions was developed for these 120 children. Those children who attended school attended 69 different schools, resulting in a sense of isolation and powerlessness in these children. Parents try to maintain contacts with other Indian families through travels to centers, parks, and common meeting places. Parental feelings toward the schools are ambivalent, particularly among mothers who had attended a boarding school. Three measures of Indian integrity were developed: intergenerational use of the native language; the teaching of Indian ways in the home; and the mother's marriage preference (Indian or non-Indian) for her child. Although there were difficult adjustment problems for the children, family bonds remained strong despite the lack of family, social, and economic stability in many of the families. Three types of families were identified on the basis of language retention: traditional families, where both mother and child spoke the native tongue; transitional families, where only the mother spoke the native tongue; and marginal families, where neither retained the native language. Families who were at home in both the Indian and the white world had a greater ability to survive and adapt to the city than did those families who were at home in only the Indian world or who were not at home in either world. Since more than half of all Native Americans now live off their reservations, more research into this bicultural model is indicated.

**CD-01666**

International Association of Chiefs of Police, Gaithersburg, Md. Professional Standards Div.

**Sudden Infant Death Syndrome.**

Gaithersburg, Md., International Association of Chiefs of Police, Training Key No. 208, 6 pp., 1974.

The investigation of cases of sudden infant death syndrome (SIDS) by police officers is discussed. The officer must determine the cause of death while at the same time protecting the family from unnecessary anguish. If it is not clear that the child is actually dead, he should first initiate resuscitation efforts. A careful examination of the general condition of the house should be conducted, and detailed observations of the place of death should be noted. The parents and siblings should be interviewed. Among other things, information relating to illness in the family, the presence of chemicals and drugs, disciplinary practices, and recent or old injuries should be elicited. Should the

parents become suspects in a criminal case, the interview should stop and the Miranda warning given. An autopsy should be performed if possible. The officer can alleviate the natural guilt experienced by parents in these cases by emphasizing to them the inexplicable nature of SIDS. He should also make the parents aware of organizations that offer long-term assistance to SIDS parents.

**CD-01667**

International Association of Chiefs of Police, Gaithersburg, Md.

**Child Abuse: Training Key No. 207.**

International Association of Chiefs of Police, Gaithersburg, Md., 6 pp., 1974.

A brief training guide for law enforcement personnel covers various aspects of child abuse and neglect and the policeman's role and responsibility regarding the problem. Protection of the child is the policeman's primary responsibility. After this has been ensured, the officer should collect evidence that can be used to support charges of child abuse against the perpetrators of the crime. Mandatory reporting of child abuse or neglect has been the state's main weapon in the detection of the problem. Policemen should realize that recognition of the problem is not always a simple task; a physician usually cannot state categorically that a child's injuries were caused by abusive treatment, and can only report physical findings that suggest abusive treatment. Indicators of physical abuse are described. The police officer's role as an investigator is covered. Several generalizations about abusive parents can usually be made and the police officer must be able to recognize them. The definition and common signs of child neglect are outlined. The use of a multidisciplinary team is described, and physicians' responsibility relating to prosecution is discussed. Prosecution for child abuse is difficult because abuse generally occurs in the privacy of the home. Thus, the situation may be better served if the police officer can avoid arrest without endangering the child, and can make provisions for family counseling. A discussion guide and several discussion questions are appended.

**CD-01668**

International Association of Chiefs of Police, Inc., Gaithersburg, Md.

**Crisis Intervention.**

International Association of Chiefs of Police, Inc., Gaithersburg, Md., Training Key No. 209, 5 pp., 1974.

Using the family crisis situation as an example, the skills and attitudes needed by police officers to intervene effectively in personal emergencies are discussed. The basic objective of police intervention is to initiate action that contributes to the resolution of a crisis. The initial contact with the parties involved is important, and the effects of the officer's speech and actions are described. After identification of the crisis parties, the officer's first objective is to restore calm. The crisis parties are directed to different areas of the room and the nature of the conflict is defined.

Both parties are encouraged to give their version of the problem, while the officer remains a sympathetic third party or arbitrator whose presence influences the parties to reach an agreement. There are 4 alternatives available for the solution of a family crisis: mediation, referral, temporary separation, and arrest. The application of each of these courses of action is discussed.

**CD-01669**

International Association of Chiefs of Police, Inc., Gaithersburg, Md.

**Interviewing the Child Sex Victim.**

International Association of Chiefs of Police, Gaithersburg, Md., Training Key No. 224, 5 pp., 1975.

Guidelines for conducting an interview with a child sex victim are presented. Before the interview, the police officer may find it desirable to allow the parents to air their feelings. The child may exhibit fear, embarrassment, guilt, or confusion over the incident, and detailed questioning should not take place until after the child has been medically examined and treated, and other physical needs have been met. The interview should be conducted as soon as possible after the incident in a comfortable setting in which the child feels safe. Privacy is essential. When possible, a female police officer may best carry out the interview, but in situations in which this is not possible, the presence of a female nurse or social worker may make the child more relaxed. When one of the parents is the suspected offender, it is usually best to conduct the interview in the absence of both parents. In other cases, the child's wishes regarding the parents' presence during the interview should be acknowledged. During the interview, the officer must establish the potential of the child as a creditable witness as well as determine the truthfulness of the statement. If a trial is scheduled, the police officer should prepare the child for court by explaining courtroom procedures and the roles of the various principals. 2 references.

**CD-01670**

Iowa State Dept. of Social Services, Des Moines. Bureau of Management Information.

**Statistical Data on Child Abuse Cases Reported to the State Department of Social Services. October-December 1975.**

Iowa State Dept. of Social Services, Des Moines. Bureau of Management Information, 5 pp., February 24, 1976.

Statistical data on child abuse cases reported to the Iowa State Department of Social Services during 1975 are reported. A total of 1,585 cases were reported in 1975, which is an increase of 874 cases over the previous year. Information is presented on the type of abuse and injury, the child's age and sex, the type of case management used, the relationship of the perpetrator to the child, and other pertinent case material.

**CD-01671**

Illinois State Dept. of Children and Family Services, Springfield. Office of Planning and Development.

**The Mission and Functions of Central Registries.**

Ireland, W. H.

In: Fifth National Symposium on Child Abuse. Denver, Colo., American Humane Association, pp. 106-109, 1976.

The mission of a central registry is to develop, maintain, and utilize a current and accurate register of child abuse and neglect cases according to statutory definition. A central registry's functions include (1) identifying subjects of previous or potential reports of suspected or known abuse or neglect and providing special information to staff when needed to protect children and to facilitate services; (2) monitoring the effect of child abuse laws and the policies, procedures, and activities implementing them; and (3) providing and analyzing data to describe and interpret the nature and extent of reported child abuse and neglect, plan and administer programs and services, and determine factors or trends of significance to the alleviation and prevention of such problems. The registry is not the point that receives initial reports but rather the pivotal body between reporting and services. It must be capable of rapid and accurate identification of the names of individuals and families and retrieval of significant information about them; recognition of unusual or potentially sensitive situations; and accumulation of both specific and general combinations of data. A written report on each case is much more satisfactory and realistic than checklists and is more likely to represent what was reported orally. Rapid follow-up of reports is essential as it increases the trust of the reporter and ensures protection for children at risk.

**CD-01672**

Transvaal Memorial Hospital for Children, Johannesburg (South Africa). Dept. of Psychiatry.

**The Establishment of a Child Abuse Unit in a Children's Hospital.**

Irwin, C.

*South African Medical Journal* 49(28):1142-1146, July 5, 1975.

The establishment and operation of the Child Abuse Unit by the Department of Pediatrics and Psychiatry at the Transvaal Memorial Hospital for Children in South Africa is briefly described. The program was created in 1971 to provide safety for the abused child, involve the family in a long-term rehabilitation program designed to return the child to the home, educate hospital staff in the recognition of child abuse, and teach the staff about the psychopathology and management of the problem. Legal action is taken only if parents are uncooperative and it is unsafe for the child to remain at home. Mothers are encouraged to visit the child daily in the hospital, so that parent-child relationships may be observed. Steps are taken to ensure that the mother spends enough time at home to fulfill her household duties and look after her other children. After a full skeletal and hematological survey, the child is kept in the hospital until the pediatricians and psychiatric teams are

satisfied with his health, the diagnosis, and the safety of discharge. Daily home visiting, gradually reduced over the months and years, provides continuity of care. A total of 64 abused babies were seen from 1971 to 1974. Demographic, social, and psychological characteristics of the abusers and the abused children are briefly presented. In South Africa as well as in the U.S., there has been great reluctance on the part of private physicians to report suspected abuse. Limitations of this pilot project were a high turnover in staff, ill-trained staff, and the restriction of clients to the white population of South Africa. 11 references.

**CD-01673**

Minnesota Univ., Minneapolis. Dept. of Pediatrics.

**Sexual Abuse and Herpetic Genital Infection in Children (Letter).**

Jaffe, A. C.

*Journal of Pediatrics* 89(2):338, August 1976.

The need to consider the possibility of sexual abuse in children presenting with genital infections is discussed. Most cases of genital herpetic infection are sexually transmitted. 3 references.

**CD-01674**

Minnesota Univ., Minneapolis. Dept. of Pediatrics.

**Sexual Abuse of Children. An Epidemiologic Study.**

Jaffe, A. C.; Dynneson, L.; ten Benschel, R. W.

*American Journal of Diseases of Children* 129(6):689-692, June 1975.

An epidemiologic study of sexual abuse of children was performed via review of Minneapolis Police Department records of cases handled from 1964 to 1971. Approximately 300 cases per year were seen. More detailed study of the data from the year 1970 indicated 291 reported cases of sexual offenses against children. None of the cases was reported as incest, although several incest cases were referred to the county welfare department by the police. Eighty-five percent of cases reported involved indecent exposure or indecent liberties. The mean age of victims was 10.7 years, and 88 percent were girls. All reported offenders were men with a mean estimated age of 28 years. The method of study did not allow determination of social relationships between victims and the offenders. Review of research into the phenomenon of sexual abuse indicates that the most difficult area of all in which to estimate morbidity is that of emotional sequelae. There is little evidence in the literature that the emotional problems related to incest have been studied as they affect children. 20 references.

**CD-01675**

Oklahoma Univ., Norman. Dept. of Social Work.

**Child Abusers as Parents and Children: A Review.**

Jayarathne, S.

*Social Work* 22(1):5-9, January 1977.

Two common sociocultural statements about abusing parents are analyzed: child abusers are inadequate parents and child abusers experienced abuse themselves as children. In view of the lack of comparison group studies, there is little or no empirical evidence to substantiate the idea that abusing parents follow parenting practices that are substantially different from those of nonabusing parents. The shortage of valid evidence including the lack of normative comparison groups leaves questionable the conclusion that abusive parents were themselves abused as children. If the generational hypothesis is to be clinically legitimate it must be empirically validated. Further investigation should include studying the adult siblings of abusing parents, and experimental studies comparing abusing and nonabusing parent groups. Numerous references.

**CD-01676**

Howard Univ., Washington, D.C., Inst. for Urban Affairs and Research.

**Child Abuse and Neglect Resource Center: Region 3. Training Manual.**

Jefferson, C. A.

Howard Univ., Washington, D.C., Inst. for Urban Affairs and Research, 287 pp., 1976

A 7-part comprehensive training manual was developed for use by state welfare agencies in Federal Region III. The manual contains units on social values clarification, the dynamics of abusive parents, identification, legal aspects, crisis intervention, investigation, and treatment. Selected readings for educators and nurses are included along with a glossary of technical terms encountered in the abuse and neglect field. Extensive use of case reports, special questionnaires, and model roles is made.

**CD-01677**

Department for Community Welfare, Perth (Australia). Child Life Protection Unit.

**Practical Ways to Change Parent-Child Interaction in Families of Children at Risk.**

Jeffery, M.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 209-224, 1976.

Some simple and practical ways to help abusive parents to learn new ways of behaving toward their child are described. These methods are designed to change negative interactions, to help parents to learn to handle situations of conflict, to control the child's behavior without punishment, to deflect aggressive acts, and to change the child's responses. Negative interactions can be changed by simple reinforcement to increase positive responses toward the child. Frequently, parents need to learn to communicate and to play with their child. They also need to learn to give positive attention and to adapt the house to the child. Contracts or agreements between parents and children can be drawn up. Often, parents have unreal expectations

about their children. An intervention technique to change attitudes regarding expectations involves intervening before responding aggressively to ordinary and typical child behavior. Intensive stimulation can be used as an intervention to change the response of the child. The interventions described should go hand-in-hand with various other treatment services, such as homemaker service, social supports, 24-hour telephone hot lines, counseling, housing, and financial changes.

**CD-01678**

Iowa Univ., Iowa City. Dept. of Psychiatry.

**Deprivation of Parental Care as a Contributor to Juvenile Delinquency.**

Jenkins, R. L.

In: Roberts, A. R. *Childhood Deprivation.* Springfield, Ill., Charles C. Thomas, pp. 116-135, 1975.

Deprivation of parental care as a factor contributing to juvenile delinquency is discussed and case examples of 3 types of maladaptive behavior exhibited by adolescents are presented. Elements which contribute to the development of an adequately socialized individual include an intact, normally responsive and balanced nervous system, and adequate mothering. Mothering involves meeting the child's needs, providing relief from discomfort, and gentle encouragement of the child's responsiveness. Repetitive types of behavior among adolescents are the group delinquent reaction, the runaway reaction, and the unsocialized aggressive reaction. Those displaying the group delinquent reaction are typically more normal personalities with better judgment and better assets than the other 2 types, and are capable of loyalty, which may be won in treatment by a strong, fair, interested adult. Parental interest is usually noted in these adolescents, so family therapy may be used to increase family solidarity, family support, and family control. The runaway reaction is characterized by timid and furtive behavior, and lack of self-confidence. Children showing the unsocialized aggressive reaction need a carefully and individually planned behavioral modification program; those showing the runaway reaction are usually slow to change.

**CD-01679****Duration of Foster Care: Some Relevant Antecedent Variables.**

Jenkins, S.

In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook.* New York, Macmillan Co., pp. 239-247, 1970.

A 2-year followup study of 891 New York City children entered in foster care in 1963 indicated that about half of all initial placements (excluding infants) left care within 3 months, and 75 percent left care within 2 years. Factors associated with circumstances of living, such as being supported by public assistance, tended to be related to shorter duration of care. Demographic variables, age at placement, religion, and ethnic group appear to be interre-

lated and together can serve as indicators of duration of care. Reason for placement is particularly relevant, and a careful analysis of the situation that brought a child into care may help in making a reasonable estimate of how long he may stay. Although the results cannot be generalized to make predictions about every child in care, the planning process can be improved to the extent that workers are more knowledgeable about the variables likely to be related to duration.

**CD-01680**

Madison Metropolitan School District, Wis.

**Child Abuse and Neglect: A Handbook.**

Jirsa, J.; Ritchie, D. S.

Madison Metropolitan School District, Wis., 118 pp., October 1976.

Reprints of previously published articles on various aspects of child abuse and neglect and a comprehensive bibliography of approximately 500 citations are presented in a handbook for educators. A statement of the problem is presented, as well as information dealing with the patterns of abuse and neglect, the abnormal rearing syndrome, and the hard-core or incurable family. Child abuse in the school-age population is described, and the situation in the state of Wisconsin is discussed. Topics concerning educators are also reviewed, such as the role of the school in child protective services, the educational and psychological problems of the abused child, the question of teacher intervention, and mandatory reporting laws for school personnel. An appendix includes the form used and results of the Child Abuse Survey of the Madison Metropolitan School District, the referral procedure and rationale for that school district, and a sample referral form.

**CD-01681**

Regional Inst. of Social Welfare Research, Inc., Athens, Ga.

**Two Community Protective Service Systems: Nature and Effectiveness of Service Intervention.**

Johnson, C. L.

Regional Inst. of Social Welfare Research, Inc., Athens, Ga., 386 pp., 1977.

The findings from a study of 2 protective services systems in Nashville, Tennessee, and Savannah, Georgia, are presented. The systems model served as a conceptual framework for this study. The following objectives were identified: to determine, at the local level, the organization and structure of protective service delivery systems; to determine and assess the nature and content of the services delivered; to determine the effectiveness of the protective service delivery systems; and to develop models for training and service delivery systems based on insights gained from the findings. Both systems were impeded in their internal operations as a result of their relationship with collateral community systems. Collateral systems fell short in their responsibility of channeling abused and neglected children into the protective service system. A major ad-

vantage of the Nashville system was the effective mobilization of component services. In both systems, record keeping had a negative effect on the operation. The demographic features of the clients served in both areas is presented in detail. The staff and services of the systems resource input are discussed, as well as the dispositions made and services rendered. The effectiveness of intervention in the 2 programs is analyzed, and a proposed plan for improving service delivery is offered.

**CD-01682**

Regional Inst. of Social Welfare Research, Inc., Athens, Ga.

**Special Needs of the Physically Abused Child: The Sway of the Pendulum.**

Johnson, C. L.

Regional Inst. of Social Welfare Research, Inc., Athens, Ga., 7 pp., September 1976.

The current orientation toward managing cases of child abuse includes removing the child from the home for his own protection and attempting to correct the parents' problems and the home situation. Rarely are services provided for the child's special needs. When the physically abused child is removed, he should have a chance for growth and development in order to heal emotional and psychological scars, as well as being removed from immediate harm. These needs must be handled differently for each child according to the type of abuse, child's response, child's age and development, and other unusual characteristics of the child. Specific examples of possible treatment alternatives for abused children are presented.

**CD-01683**

Georgia Univ., Athens. Regional Inst. of Social Welfare Research.

**Two Community Protective Service Systems: Comparative Evaluation of Systems Operations.**

Johnson, C. L.

Georgia Univ., Athens. Regional Inst. of Social Welfare Research, 52 pp., March 1976.

The operations of Comprehensive Emergency Services (CES), Nashville-Davidson County, Tennessee and the Protective Service Unit, Chatham County Department of Human Resources, Savannah, Georgia were analyzed. The following objectives guided the research: (1) to determine local organization and structure of protective services delivery; (2) to determine and assess the nature and content of services delivered; (3) to determine the effectiveness of the delivery systems; and (4) to develop models for training and service delivery systems based on the findings. Evaluation consisted of data collection and examination of the various agency functions with regard to expediency of service, compliance in reporting and investigation, general efficiency, operational definition of abuse and neglect, and contributory factors such as system structure, organizational behaviors, constraints, and the external environment. Both systems were impeded in their internal opera-

tions as a result of the state of their relationship with collateral systems, especially hospitals. Collateral systems fell short of their responsibilities in channeling child abuse and neglect cases. The CES system had a major advantage over the Savannah system because of its ability to use component services in emergency situations without very much bureaucratic red tape. In both systems, however, the recordkeeping system served as an impediment to their operations. The following recommendations are made: (1) the service delivery system must initiate and maintain activities to increase coordination and cooperation at the service level; (2) proposals for funding coordinated services must include explicit goals; (3) intake must be provided on a 24-hour basis and must be channeled efficiently; and (4) public service components need to be consolidated under a single service package. 26 references.

**CD-01684**

Child Welfare League of America, Inc., New York, N.Y. Research Center.

**A Second Chance for Families. Evaluation of a Program to Reduce Foster Care.**

Jones, M. A.; Neuman, R.; Shyne, A. W.

New York, Child Welfare League of America, Inc., 133 pp., January 1976.

The effectiveness of intensive family casework services in preventing the occurrence and recurrence of foster care placements was studied in a one year evaluation of 9 demonstration programs funded by the State of New York. These programs, which served a total of 549 cases involving 992 children, provided more services than a normal public program. The largest area of increased service was in casework counseling. Forty-two percent of the cases included emotional neglect of the child among the presenting problems; physical neglect was a problem in 23 percent; and abuse of the child in 6 percent. Emotional neglect, physical neglect, or abuse was the primary problem in 9 percent, 4 percent, and 1 percent of the cases, respectively. The average child in the experimental programs spent 24 fewer days in foster care than did the average child in the regular programs. Fewer of the experimental group children spent any time in foster care -- 52 percent versus 60 percent. Six months after the end of the project, 92 percent of the experimental program children were still in their homes, compared to 77 percent of the regular program children. The experimental programs demonstrated that intensive family services were effective in averting or shortening placement, and that this was accomplished with benefit to the children and at lower cost. Numerous references.

**CD-01685**

Kentucky Univ., Lexington. Coll. of Social Professions. **Dealing With Child Abuse and Neglect.**

Jones, M. P.

Kentucky Univ., Lexington. Coll. of Social Professions, 82 pp., 1975

A federal grant supporting workshops and discussions with supervisors and field workers in child protective services led to the development of this self-teaching manual. The manual addresses the functions of the social worker at every step of the protective service process and establishes the philosophical bases for protective service action. A general introduction to child abuse and neglect precedes chapters devoted to definitions, parental and children's rights in the perspective of state laws, receipt of the complaint, investigation of the complaint, assessment of the problem, case management, and placement of the child. 37 references.

**CD-01686**

Journal of Family Law.

**Parent and Child--Duty of the State to Provide Supportive Services to a Parent Before Terminating the Parent's Rights.** In re M.A., 529 P.2d 333 (Colo. Ct. App. 1974).

*Journal of Family Law* 14:341-347, 1975.

A mother appealed a Colorado lower court's decision terminating her parental rights in her 8-year-old son. During her hospitalization for emotional and mental disorders the child was neglected and the state welfare department presented a petition for termination of her parental rights. The court held that before terminating parental rights the state does not have an obligation to provide supportive services to a parent who is mentally incompetent to care for a child. Such a burden would subordinate the interests of the child to the interests of the parent. The court cited a test by which the court shall determine the best possible remedy for a parent-child relationship which has resulted in a dependent or neglected child. Termination of parental rights is conditional upon (1) the probability that the neglect or dependency of the child will continue in the future; and (2) the probability that the best interests of the child will not be served by the continuation of the parent-child relationship. Although rejecting the mother's arguments, the court reversed and remanded to the lower court for a determination based on this 2-part test. A court must decide on the basis of the individual circumstances of each case and cannot prescribe a concrete rule to apply uniformly.

**CD-01687**

Journal of the Royal College of General Practitioners.

**Ill-treated Children.**

*Journal of the Royal College of General Practitioners* 26(172):804-815, November 1976.

The history, incidence, etiology, pathology, natural history, and clinical characteristics of child abuse are briefly reviewed, and the role of the family physician in handling such cases is discussed. Suspicion is the first step for the physician. Management is discussed in terms of accessibility of the clinic to the involved family, communication and coordination of medical care, and continuing care. The coordination of the activities of the physician and the health visitor is stressed. The relative merits of removal to

a hospital or to a children's home or foster home are discussed. Prevention is the chief concern of the general practitioner, and this can be approached by recognizing the pre-battering syndrome, fostering the mother-infant bond, and education. The organization of care is discussed in terms of legislation to protect ill-treated children, registers of ill-treated children, case conferences, and the evolution of a policy of care. 24 references.

**CD-01688**

Texas Univ., Houston. School of Public Health.  
**Life Crisis as a Precursor to Child Abuse.**  
 Justice, B.; Duncan, D. F.  
*Public Health Reports* 91(2):110-115, March-April 1976.

A Social Readjustment Rating Scale was administered by questionnaire to 35 abusing parents and to 35 matched parents who had difficulties with their children but had not abused them, in order to measure life change events, a possible contributor to child abuse. Each item of the scale was weighted in terms of the amount of readjustment necessary to cope with the event. Death of spouse was highest on the scale and minor violations of the law was lowest. The 2 groups of parents were compared for their life change scores for the year before their abuse or problems with their children began. A moderate life crisis was indicated for the abusers. The role of symbiosis was also explored in the 2 groups. The abusive parents seemed to be competing with each other and with their children for the role of being cared for, a behavior which makes the person particularly vulnerable to life changes and accompanying stress. Prevention strategies aimed at reducing change and stress might include better provision of crisis intervention services, measures aimed at reducing unemployment or lack of opportunity, effective health maintenance services, and greater provision of counseling and mental health services. Use of the Social Readjustment Rating Scale might be useful in early intervention programs. 25 references.

**CD-01689**

Texas Univ., Houston. Dept. of Social Psychology.  
**Physical Abuse of Children as a Public Health Problem.**  
 Justice, B.; Duncan, D. F.  
*Public Health Reviews* 4(2):183-200, 1975.

A public health model of child abuse is presented in which the abuser is viewed as the host, physical and social factors represent the environment, and the child acts as the agent. The vector, which transmits a stimulus from the agent to the responding host, is represented by cultural scripts or expected patterns of interaction between individuals in a society. Abuse results from multiple interactions between parent and child, husband and wife, adult and environment, and child and environment, but the child in this model is viewed as the primary source of external stress. Cultural influences include the myths that mothers should be infinitely patient and babies are always a 'bundle of joy.' Cultural endorsement of physical punishment is

another factor. Given the proposed model, intervention may follow the usual pattern of public health practice: at the level of the host, the agent, the environment, or the vector. For maximum impact, intervention should take place at all levels. Some preventive strategies are described which center on counseling and educating parents and children about child abuse and proper parenting attitudes and methods. 47 references.

**CD-01690**

Texas Univ., Houston. Health Science Center.  
**The Abusing Family.**  
 Justice, B.; Justice, R.  
 New York, Human Sciences Press, 288 pp., 1976.

An in-depth study of the characteristics of the abusing family, causes and epidemiology of abuse, innovative approaches to intervention, and primary and secondary prevention of child abuse includes a discussion of the crisis situation that frequently triggers the abuse incident: either too much change too fast, competition between the spouses, or sexual difficulties. Theories on the causes of child abuse are framed in terms of seven models: psychodynamic, personality or character trait, social learning, family structure, environmental stress, social-psychological, and mental illness. The abusing family is viewed in terms of a psychosocial system and shifting symbiosis. The characteristics of abusing parents and the abused child; the cultural scripts that influence interaction between them; the setting in which the abuse occurs; a group therapy approach to treatment of abusing parents; innovative interventions in the abusing family such as transactional analysis; and secondary prevention are also discussed.

**CD-01691**

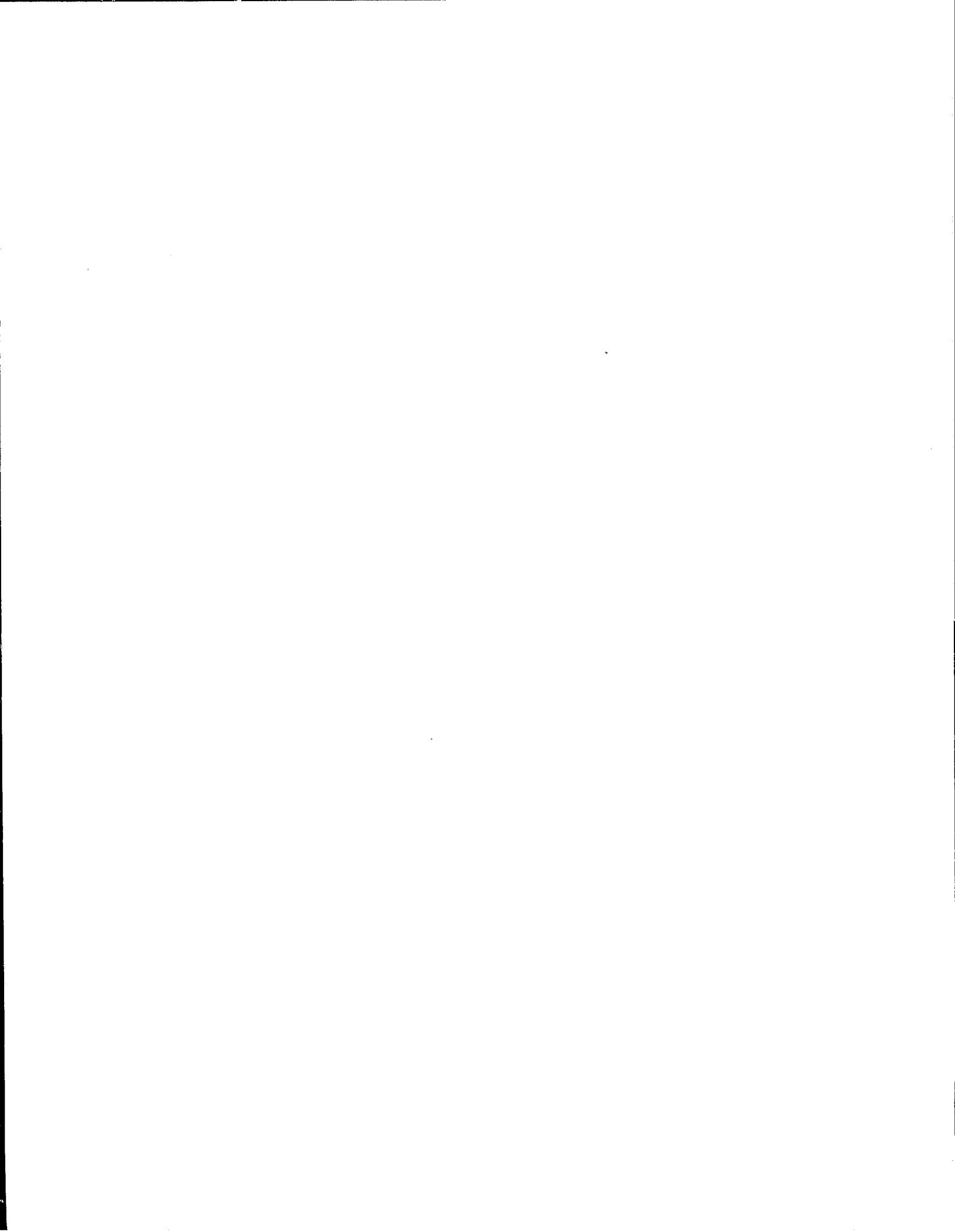
**TA Work With Child Abuse.**  
 Justice, R.; Justice, B.  
*Transactional Analysis Journal* 5(1):38-41, January 1975.

Symbiotic relationships between parent and child or between the 2 parents are common in child-abusing families and are amenable to transactional analysis therapy. The use of transactional analysis with parents who are guilty of child abuse includes contractual agreements from the parents on behavior changes they will make while in the group. Through these contracts parents are able to correct parental injunctions which had prevented them from fulfilling their own needs in acceptable ways. Transactional analysis therapy was undertaken with 10 couples, 8 of whom eventually had their children returned to the home without any further reports of abuse. One couple dropped out of the group and the child was not returned to the home and one couple, still in the group, now has their child on a weekend basis. 13 references.

**CD-01692**

Juvenile Court Digest.  
**Schools, Corporal Punishment.**  
*Juvenile Court Digest* 9(7):214-218, July 1977.





**CONTINUED**

**2 OF 5**

The Supreme Court of the United States held (5-4) that the infliction of disciplinary corporal punishment on public school children does not violate the 8th Amendment's constitutional prohibition against cruel and unusual punishment, nor does the the Due Process Clause of the 14th Amendment require prior notice and hearing (Ingraham v. Wright, 96 S.Ct. 1401 (1977)). The constitutional issues presented were considered against the background of historical and contemporary approval of reasonable corporal punishment. The Court reasoned that existing civil and criminal liabilities for any punishment beyond the scope of the common law privilege are sufficient restraints to remedy and deter the excesses alleged in the case by the Florida junior high school students. Imposing additional administrative safeguards as a constitutional requirement might reduce the risk of wrongful punishment marginally, but would also entail a significant intrusion into an area of primary educational responsibility. The dissent reasoned that if some punishments are so barbaric that they may not be imposed for the commission of crimes, by stronger logic similar punishments may not be imposed for the commission of less culpable acts, such as breaches of school discipline. The dissent also argued that the purpose in providing due process when a state punishes an individual is to protect that individual from mistaken punishment. The tort remedy also is inadequate, the dissent concluded, because Florida's law prevents a student from recovering damages from a teacher proceeding in good faith on the reports and advice of others.

**CD-01693**

Wisconsin Univ., Madison.

**Child Welfare Services Past and Present.**

Kadushin, A.

*Journal of Clinical Child Psychology* 5(3):51-55, Winter 1976.

The history of child welfare services in the U.S. is recounted in detail, beginning with the practice of indenture in colonial America and continuing through the Title XX Amendment to the Social Security Act in 1975. Currently, the term "child welfare services" embraces supportive services to children in their own homes, supplementary services such as day care and homemaker services, and substitute care such as foster family care and institutional care. As of March 1972, a minimum of 3 million children were estimated to have been receiving social services from public and voluntary child welfare agencies and institutions in 50 of the 53 states and territories. Some of the problems of the system are discussed: difficulties of access of clients to services; fragmented services; poor coordination within and between services; overuse of substitute care services and underuse of supportive services; unnecessarily authoritarian approach to clients; inadequate service to large groups of nonwhite and poor children; and lack of a systematic program of worker and agency accountability. The general success of child welfare services is noted. 16 references.

**CD-01694****Some Doubts About Child Advocacy From an Advocate of Advocacy.**

Kadushin, A.

In: Westman, J. C. (Editor). *Proceedings of the University of Wisconsin Conference on Child Advocacy*. Wisconsin Univ., Madison. Extension Health Sciences Unit, pp. 219-225, 1976.

Although there is a clear need for child advocacy to seek greater consideration for the rights of children, there may also be some harmful consequences. The expansion of children's rights may erode parents' rights at a time when the institution of parenthood is being questioned. The children's rights movement may also unintentionally make it easier for parents to reject their responsibilities as parents by giving the community greater responsibility for the welfare of children. The pursuit of the best interests of particular children may entail consequences which are not in the best interests of the majority of children. For example, cases in which the rights of foster parents are given precedence over rights of natural parents in response to what is conceived to be the best interest of the child may undermine the foster care system. Child advocacy will defeat efforts to help children unless it takes into consideration the total context of the child.

**CD-01695****Child Advocacy. Report of a National Baseline Study.**

Kahn, A. J.; Kamerman, S. B.; McGowan, B. G.

Prepared for: Children's Bureau (DHEW), Washington, D.C., (OCD)73-18:184 pp. 1973.

After recounting the early history of child advocacy actions, the more recent history of child advocacy is reviewed, and related to the antipoverty war and other advocacy programs. The national picture is then discussed in terms of opinions regarding advocacy and some federal and state programs. The range of activities which are involved in some advocacy programs is so broad that clarification of the goals of an advocacy program is in order. A detailed proposed focus for child advocacy is outlined. The actual practice of advocacy is described in terms of how the case begins, legal and nonlegal advocacy measures, targets for intervention, and bases of operation for child advocacy. Program variables are examined in terms of goals, methods and techniques, and organizational variables. Specific recommendations are outlined on the federal and local levels. Appendices include field reports and an outline of state and national advocacy programs. Numerous references.

**CD-01696**

Columbia Univ., New York, N.Y. School of Social Work.

**Child Abuse and Neglect: Problems, Policies, and Provision.**

Kamerman, S. B.; Harte, A.

Columbia Univ., New York, N.Y. School of Social Work, Report 3, 96 pp., 1975.

A comprehensive overview of the phenomenon of child abuse and neglect covers problems of definition; incidence; history of the problem and early approaches to dealing with it; existing national responses, including federal legislation, federal expenditures, state legislation, national policies, major governmental agencies, and nongovernmental agencies; major program models incorporating (1) case finding and reporting and (2) diagnosis, treatment, and follow-up; and illustrative program models. In addition, the status of national research and service delivery in Syracuse and Onondaga Counties in New York are reviewed. Comprehensive services for those affected by abuse or neglect demand the skills of many disciplines. However, there is an essential linking and integrative function which can be assumed by the social worker. Unless a national social policy is directed toward safeguarding the welfare of children, the results of societal neglect and maltreatment of children and the consequences for each succeeding generation of children will continue to be a problem. Numerous references.

**CD-01697**

New York City Human Resources Administration, N.Y. Office of Psychiatry.

**The Murdered Child and His Killers.**

Kaplun, D.; Reich, R.

*American Journal of Psychiatry* 133(7):809-813, July 1976.

Postmortem reports and police inquiry reports on 112 child homicides were studied to identify contributing social and psychiatric factors and to determine the fate of the surviving siblings and the degree of involvement of the city's social agencies with the families. In 1968-1969, 140 apparent homicides of children under the age of 15 were reported in New York City. In 66 cases, the victims' families were known to the city's public assistance and child welfare agencies; all available case reports were studied. Most of the families of the murdered children lived in areas of severe poverty. There was a pattern of long-term familial child maltreatment extending to the siblings and continuing after the murders. The victims were usually illegitimate preschoolers. The assailants, who were usually the mothers or their paramours, had backgrounds of assaultiveness and social deviance and killed in impulsive rage. Three case illustrations are presented. Early identification of children in potential jeopardy is possible if professionals who serve young mothers with out-of-wedlock children in poverty-saturated areas note the following at-risk indicators: (1) an adult with a history of assaultiveness toward children or adults, or of involvement with crime, drugs, or alcohol; (2) an unwanted pregnancy with a neglected or abused child already in the home; (3) marital conflict; (4) casual promiscuity or prostitution practiced by the mother; (5) children deprived of medical care; and (6) hostile or nonexistent relationships with neighbors or relatives. The results of the study indicate that the abused child is not uniquely the family scapegoat. They also do not support the notion that severely abusive parents are receptive to counseling or psychotherapy. 15 references.

**CD-01698**

Boston Coll., Chestnut Hill Mass. School of Law.

**Children. Individuals Without Rights.**

Katz, S. N.

*Student Lawyer* 1(3):48, 50, 52, February 1973.

The history of legal action taken by the state in cases concerned with the parent-child relationship contains inconsistent approaches to the situation. On the one hand there are statements which view the parent-child relationship as natural; on the other hand, *parens patriae* may be exercised with the understanding that the state is the ultimate keeper of the child's welfare. States may exercise *parens patriae* to replace the parent in determining the destiny of the child, as is done routinely when emergency medical care for the child is encumbered by religious objections on the part of the parents. The trend for such procedures was set in the 1952 case of *People v. Labrenz*. Child abuse and neglect constitute frequent grounds for governmental abrogation of parental rights. Physical force is considered to be a parent's right to exercise as a child rearing technique; however, in the home or school there may be little or no safeguards to protect the child from physical harm beyond instances of extreme abuse. While instances of neglect are not as dramatic as abuse, the eventual outcome of court proceedings in both instances may be removal of the child from the natural parents. The rights of parents are carefully guarded, but little attention is paid to meticulous selection of foster parents when removal proceedings are warranted. Child welfare agencies may use the child as a pawn against parents or foster parents. At times the overburdened workload which agencies carry may prevent the child from receiving proper attention or consideration, thereby neglecting the essential needs of the child. In the adoption process the goal of child protection is sometimes lost in favor of excessive concerns for the legal rights of parents. On balance, the protection of individual rights has not been applied evenly to children as is the case with parents.

**CD-01699**

Boston Coll., Chestnut Hill, Mass. School of Law.

**Legal Research on Child Abuse and Neglect: Past and Future.**

Katz, S. N.; Ambrosino, L.; McGrath, M.; Sawitsky, K.

*Family Law Quarterly* 11(2):151-184, Summer 1977.

The status of child abuse and neglect research is analyzed from a legal perspective focusing on the law as a system of several parts: the legislation's contents, implementation, operations, and effectiveness; the structure, jurisdiction, and operations of the courts; the relationship between the legal and social services institutions; and the conflict between parents' and children's rights. References are made to the legal literature and major case holdings. The precipitating factors and content of reporting statutes and problems of statutory definition are covered. The clash between proponents of specificity and vagueness in definitions and judicial dispositions of neglect are presented. Aspects of court jurisdiction include structure, intrastate

and interstate conflicts, and problems occurring in cases of military and Indian jurisdiction. The first generation of writers who urged broader legislative and judicial intervention is contrasted with the second generation which advocates less. Future research recommendations include a continual objective survey of legal and court operations, and in-depth examinations of key topics to lend perspective to future legal endeavors. Numerous references. See also Abstract CD-01177.

**CD-01700**

Kent State Univ., Ohio. Dept. of Sociology.

**Physical Child Abuse and Its Prevention.**

Kaul, M. L.

*Intellect* 105(2381):270-272, February 1977.

The history and scope of physical abuse of children are briefly summarized, and the application of an epidemiological approach to child abuse is discussed. The punitive approach to parents has been replaced largely by the rehabilitative approach. Individual characteristics of a child which may predispose him to being abused include his sex, whether or not he is a wanted child, and the presence of some physical or mental abnormality. Marital difficulties and mental illness are common among child abusers. The predictive potential of the epidemiological approach to child abuse lies in the ability to determine the differing agent, host, and environmental characteristics of situations in which child abuse occurs and those in which it does not occur. The preventive value lies in changing those characteristics conducive to child abuse. When changing the agent or the environmental factors is not feasible, the child may have to be permanently or temporarily separated from the situation. 11 references.

**CD-01701**

Montgomery County Child Welfare Board, Dayton, Ohio.

**Family Services That Obviate Need for Child Placement.**

Kautz, E. S.

*Child Welfare* 48(5):289-295, 308, May 1969.

The most prevalent image of child welfare service is that its function is to remove children from a troubled home situation. Frequently, maintaining the children in their own home is the key to successful management of the case. Preemptive removal can undermine an already discouraged and weak parent's motivation to continue efforts to maintain a family, especially in cases of a one-parent family. It is important for the child welfare worker to gain the confidence of the parent and to avoid being perceived as a threat. Once parents are convinced that the worker has not come to remove the children from the home, visits are frequently at least tolerated if not welcomed. Especially in cases involving abuse complaints, helping the clients express their anger directly often clears the air and establishes the basis for a solid working relationship. It is important for parents to feel that they still have some control over their fate. Homemaker service is often essential in meeting immediate crises, but beyond that, it offers basic

support in maintaining a home, provides a mother figure for more wholesome identification, and establishes a basis for teaching relationships with parents of disorganized families. It is frequently necessary for the worker to risk failing and invoking community criticism for maintaining the structure of a family through periods of crisis. The importance of team spirit among staff social workers and of commitment of administration and agency board to a continuous process of community education are underscored. Three illustrative cases are discussed.

**CD-01702**

Adams County Dept. of Social Services, Commerce City, Colo.

**Managerial and Financial Aspects of Social Service Programs.**

Kawamura, G. E.; Carroll, C. A.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 293-309, 1976.

The planning, functional development, and funding of a coordinated service to protect the lives and safety of children and to rehabilitate and treat families are important community responsibilities. The practical management and financial aspects of such a program are discussed. Programs must be defined, and the cost components of each program determined. The total cost for the entire social service program should be calculated and the exact number of positions allocated to each program function established. An accurate case count of the number of families being served in each program area must be determined. The initial requirement of the transition from the single option treatment model for child abuse and neglect to a truly multidisciplinary approach is a philosophical change, and this must take place within the social service agencies at every level. The modern, comprehensive community child protective system would consist of the following components: multidisciplinary review teams who have the sanction to effect necessary changes; increased awareness of the treatment needs of children and parents, as well as resources for child therapy; strong emphasis on the value of a lay therapy program; encouragement and support of self-help groups such as Parents Anonymous; and the development of an adequate crisis nursery system to handle the emergent placements and provide a source of immediate relief for potentially abusive parents. A budget and program cost analysis is presented for a program serving a 200,000 population.

**CD-01703**

Booth Hall Children's Hospital, Manchester (England).

**Inflicted Burns and Scalds in Children.**

Keen, J. H.; Lendrum, J.; Wolman, B.

*British Medical Journal* 4(5991):268-269, November 1, 1975.

Of 933 children under the age of 15 who were admitted to Booth Hall Hospital, Manchester, England, from June

1972 to June 1975 with thermal injuries, 16 had injuries which appeared to be inflicted by parents or parent substitutes. These were detected because the nature of the injury was not consistent with the parent's account of how it occurred or other factors indicated that it was probably nonaccidental. None of the 16 cases presented thermal injuries which affected more than 5 percent of the body surface and there were no deaths. In 7 of the children, the perineum or buttocks were burned. In 12 children there was evidence of other inflicted injury including 6 recent fractures. Ten of the children had been burned and 6 had been scalded. Inflicted injury should be considered a possibility in a burned or scalded child when (1) the history is inconsistent with the lesion; (2) the story is different in subsequent versions; (3) the buttocks or perineum is burned or scalded deeply with clear margins; (4) there are deep scalds of hands or feet with a clear margin in children old enough to have jumped or pulled away from the source; (5) cigarette burns are seen simultaneously with other thermal injuries; (6) burns or scalds are present with fractures or bruises of soft parts, especially the abdominal wall or periorbital regions; and (7) a child suffers repeated burns. When such features are present a complete skeletal survey should be conducted. Because burns and scalds appear to be more calculated and premeditated than injuries produced by sudden outbursts of violence, a high proportion of psychopathology should be expected among these parents. 8 references.

**CD-01704**

Southern Illinois Univ., Springfield. School of Medicine.  
**Enlarging on the Child Abuse Injury Spectrum.**  
Keeney, R. E.

*American Journal of Diseases of Children* 130(8):902,  
August 1976.

A case of unusual manifestation of injury related to child abuse in a 3.5-year-old girl is reported. The child was brought to the emergency room semiconscious by her father, who alleged that she had bumped her face on the dashboard of his car. In addition to facial ecchymoses and periorbital edema, she had several other acute conditions. Pancreatitis was evident by the second hospital day, and the patient was treated with antibiotic therapy. Abdominal exploration on the 15th hospital day revealed a mesenteric inflammatory mass that yielded aerobacter species on culture; diffuse mesenteric calcifications; an enlarged and firm pancreas; and a right lobe hepatic hematoma. Colonic resection was carried out. Fever disappeared by the fourth postoperative day. Two weeks after surgery, multiple lytic lesions were observed on films of the bones of the feet, hands, and several long bones. In the next 3 weeks more than 300 of these lesions were seen. A diagnosis of intramedullary fat necrosis secondary to the osseous effects of pancreatitis was made. The child was hospitalized for about 6 months, and her bone lesions had almost healed by 8 months after discharge. The potential for severe multisystem involvement in physical child abuse is underscored. 4 references.

**CD-01705**

California State Univ., Northridge. Dept. of Psychology.

**Child Abuse as a Feminist Concern.**

Keith-Spiegel, P.

University of California at Los Angeles Colloquium Series on Sex Roles and Sex Differences, 7 pp., June 3, 1974.

Mothers who abuse their children may be driven to such acts because of the problems that women must face in contemporary U.S. society. The typical female-sex role training model results in (1) the 'controlled' little girl and (2) the belief that children are to be the center of a woman's life. When a woman finds it difficult to deal with her child, she becomes frustrated and disappointed, and the target of these frustrations is the child. Another social factor that may lead to child abuse is the increase in the number of single parents, most of whom are women who have limited opportunities to be away from their children. The issue of a woman's control over her reproductive functions is also related to the existence of unwanted, high-risk infants, and an abusing mother is often labeled as a criminal. Goals of the Women's Liberation movement that might reduce the incidence of child abuse include (1) education on such matters as sex, marriage, parenthood, and the family; (2) creating multiple life options for women besides motherhood; (3) knowledge of and access to safe contraceptive devices; (4) liberation of men from their aggressive and nonchild-oriented models; (5) establishing programs such as child care centers to allow mothers extended life activities; and (6) raising females to be more resourceful, self-confident, and less dependent so that life problems and barriers can be handled in a constructive manner.

**CD-01706**

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.

**Predicting and Preventing Child Abuse: Establishing Children's Rights by Assuring Access to Health Care Through the Health Visitors Concept.**

Kempe, C. H.

In: Proceedings of the First National Conference on Child Abuse and Neglect, January 4-7, 1976. Washington, D.C., National Center on Child Abuse and Neglect (DHEW), (OHD) 77-30094, pp. 67-75, 1977.

Standard observation techniques can be successfully utilized in predicting and preventing child abuse if society guarantees the right of access to regular health supervision to all children. The use of visiting nurses or indigenous health visitors to create a bridge between young families and health services is suggested. Ten warning areas in prenatal care, all dealing with attitudes and feelings which are indicative of a family's need for extra services, are listed. When prenatal observations are not possible much of this information can be obtained from nurses' delivery room observations and on the first postpartum day. Significant warning signals after the baby comes home and possible offsetting circumstances are listed. Among a list of 10 aspects of special child care for high-risk families

are regular home visits by a public health nurse or a lay health visitor, who is a successful mother with great knowledge of the community. A plan to phase in 60,000 health visitors over a 5-year period is economically feasible and could be economically beneficial.

**CD-01707**

Colorado Univ., Denver. Dept. of Pediatrics.  
**Family Intervention: The Right of All Children.**  
 Kempe, C. H.  
*Pediatrics* 56(5):693-694, November 1975.

Adoption of the health visitor system used in Scotland is suggested as a means of assuring all children the advantages of preventive pediatrics. The health visitor need not be a health professional, but could be a trained lay person. Among the services performed by this individual would be an assessment of the parent-child relationship, advice on common well-child problems, liaison with available health resources, and screening for developmental status. Regular visits would be established with a young family soon after the birth of each baby. The parents' right of privacy would not be significantly infringed upon and the civil rights of the baby would be protected.

**CD-01708**

Colorado Univ., Denver. Dept. of Psychiatry.  
**Arresting or Freezing the Developmental Process. Related Aspects in Child Psychiatry.**  
 Kempe, R.  
 In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 64-73, 1976.

Delayed or arrested development is one of the most consistent and disturbing findings in children who have been abused. In the abused infant, feeding difficulties and delayed motor and social development are frequently encountered. Absence of separation anxiety and of stranger anxiety is common, as is the state of frozen watchfulness. Speech is frequently delayed, and passivity is common. In the preschool abused child, most parameters of development are delayed, although intellectual potential is usually normal. Psychiatric evaluation reveals poor relationships with adults. These children frequently lack interest in play and the ability to organize their behavior into any kind of structured, organized activity. Speech is delayed and often associated with poor enunciation and limited vocabulary. In abused children from 4 to 7 years old, most of whom have normal intelligence, similar findings are observed: difficulty in relating to another person, difficulty in establishing trust, lack of capacity to enjoy play, inability to show pleasure, poor self-image, and a preoccupation with many fears. Developmental delay exceeds that which could be explained by neurological deficit. One of the most common observations of abusing parents is their unrealistically high expectations of the abused child. There are at least 2 ways in which negative or inappropriate par-

ental actions might affect the infant's activities: by failing to reward with success his primitive attempts at communication of his wishes; and through painful punishment or a total lack of response, by leaving him with a feeling of helplessness and futility.

**CD-01709**

Colorado Univ., Denver. Dept. of Psychiatry.  
**Assessing Family Pathology.**  
 Kempe, R.; Kempe, C. H.  
 In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 115-126, 1976.

Family dysfunction involving all members of the family usually long antedates the episode of abuse which brings the child to the attention of the community. A comprehensive family assessment should be made as soon as possible after the injury. Some of the clear-cut indications for psychiatric assessment include family dynamics that do not fit classic histories, premeditated abuse, torture, and reality distortion. Other indications are repeated injury to one portion of the body, loss of affect, severe depression, fanaticism, drug or alcohol addiction, and bizarre ideation. Typically, abusive parents have histories of abuse or deprivation in childhood, inadequate emotional relationships, inability to deal effectively with crises, role reversal with their children, and a defective self-image. Information relating to the family situation immediately prior to the abusive incident is particularly important. Information concerning a parent's siblings is also helpful, as is information relating to the parent's relationships outside the home. The manner in which the parents perceive the child and their own roles as parents should be evaluated. The potential for abuse should be assessed, as well as the motivation for treatment and change. Evaluation of the abused child and his siblings should come second only to the evaluation of the parent's capacity to keep them at home. In addition to a physical and neurological examination, each child in the family should have developmental assessment or psychological testing. Developmental data should be obtained in a systematic fashion by the use of any one of the standard tests. The child's gross and fine motor skills, language, and capacity to utilize toys in an appropriate and satisfying way can also be documented. Evaluation of the abused child and his siblings is important because of the variety of treatment modalities currently available to offset and reverse the detrimental effects of inadequate parenting.

**CD-01710**

Case Western Reserve Univ., Cleveland, Ohio. Dept. of Pediatrics.  
**Maternal Behavior One Year After Early and Extended Post-partum Contact.**  
 Kennell, J.; Jerauld, R.; Wolfe, H.; Chesler, D.; Kreger, N. C.  
*Developmental Medicine and Child Neurology* 16(2):172-179, April 1974.

The hypothesis of a special attachment period existing between the human mother and her newborn was tested in 2 groups of primiparous mothers; the control group consisted of mothers who had contact with their babies, consistent with routine in American hospitals; maternal contact occurred at 6 to 12 hours after birth for identification purposes, and then at 20 to 30 minute intervals for feeding every 4 hours during the day. Mothers in the experimental group were given their babies in bed with a heat panel for a period of 1 hour within the first 3 hours after birth; 5 extra hours were allocated for each of the first 3 days. The assessment process consisted of structured interviews with the mothers, physical examination of the newborns, and evaluation of time-lapse films taken at feeding time. The results of maternal behavior in 28 mothers were consistent with observations reported in animals. Measurable differences, lasting for as long as 1 year were apparent between experimental and control groups. Evidence for the existence of a special attachment period shortly after birth suggests that mothering disturbances, such as child abuse, deprivation, and failure-to-thrive, may be related to early mother-infant separation. 13 references.

**CD-01711**

Case Western Reserve Univ., Cleveland, Ohio. Dept. of Pediatrics.

**Parent-Infant Bonding.**

Kennell, J.; Voos, D.; Klaus, M.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 25-53, 1976.

Factors that affect the development of parent-infant bonding are reviewed, and some practical suggestions for improving the quality of that bonding during the perinatal period are offered. Some of the steps important in the attachment process are planning the pregnancy, confirming the pregnancy, accepting the pregnancy, fetal movement, accepting the fetus as an individual, birth, seeing the baby, touching the baby, and caretaking. Six factors that are strikingly overrepresented in the histories of abused children compared to their unabused siblings are an abnormal pregnancy, an abnormal labor or delivery, neonatal separation, other separations during the first 6 months, illnesses in the infant during the first year of life, and illnesses in the mother during the first year of life. Treatment of parents during pregnancy, the perinatal period, and early infancy might be fruitful in the prevention of child abuse. Studies demonstrating the improved attachment between mother and infant when extended contact was allowed during the first few hours of life are reviewed. The importance of eye-to-eye and skin-to-skin contact in the early hours of life is stressed. Special problems encountered in cases of premature and sick infants and in those with congenital malformations are noted. Recommended programs for parent-infant contact during the first days of life are outlined for the normal child, the premature infant, and the malformed baby.

**CD-01712**

Children's Hospital, Los Angeles, Calif. Family Development Project.

**A Follow-up Study of Abused Children.**

Kent, J. T.

*Journal of Pediatric Psychology* 1(2):25-31, Spring 1976.

A retrospective follow-up study of abused children who were placed out of the natural home is described. Three groups were evaluated to determine the effects of abuse, neglect, and low socioeconomic status: nonaccidental trauma (NAT); gross neglect (NEG); and a nonabuse group receiving protective services because of a high risk for abuse (PS). Children were evaluated at intake and after placement. At follow-up, 90 percent of those in the abuse groups (NAT and NEG) had been in placement for at least 12 months, and 40 percent for at least 3 years. About 80 percent were still placed out of the home at follow-up. Both abuse groups had a higher incidence of problem behaviors than the PS group on intake. Within the abuse groups, the NAT group was more aggressive, more disobedient, and had more problems in peer relationships on intake than the NEG group. On follow-up, the NAT group appeared to have improved more with respect to management of aggression and resembled the NEG group. Both the NAT and the NEG groups were improved on nearly all the problem behaviors at follow-up, especially the incidence of emotional withdrawal. The NEG group had substantially more delayed development at intake, which improved markedly on follow-up, but they still had a higher incidence of delay than the NAT group. Both the NEG and NAT groups manifested greater developmental delays in language on follow-up than in motor development and activities of daily living. The follow-up incidence of problem behaviors or developmental delays in children rated "too young" at intake was substantially less than for the older children at intake, with the magnitude of the difference decreasing on follow-up. The abusive environment tends to produce highly troubled children independent of low socio-economic status. 12 references.

**CD-01713**

New York State Div. for Youth, Albany.

**The Ego and the Integration of Violence in Homicidal Youth.**

King, C. H.

*American Journal of Orthopsychiatry* 45(1):134-145, January 1975.

Nine youths who had committed homicides were studied to determine reasons for their behavior. Known preconditions of violent behavior were present in their histories; family situations were full of turmoil with brutal fights common between the parents. The typical youth most often was singled out for abuse by the parents. Inconsistent and ineffective handling of the children and episodic desertions by the father were characteristic. Only 1 youth was diagnosed as psychotic. Most displayed confused personality orientations and disturbed psychosexual development. Review of diagnostic and treatment progress indicated a



strong relationship between behavior and educational deprivation. All the youths were retarded in their development of cognitive and language skills because of their relative lack of education and were almost completely reliant upon emotions to fathom the world. Unable to cope, they became alienated, reactive, violent, and homicidal. The assumption that violence is a failure in coping was substantiated to a degree significant enough to warrant further investigation into the uses of psychotherapy and special education that would promote a reconditioning of perceptions and more normal ways of communicating and coping in society. 9 references.

**CD-01714**

Utah State Univ., Logan. Dept. of Special Education.  
**Final Report. Educational and Psychological Problems of Abused Children.**

Kline, D.; Christiansen, J. L.

Prepared for: Office of Education (DHEW), Washington, D. C. Bureau of Education for the Handicapped, 162 pp., September 1975.

The frequency of educational and psychological problems in a population of abused children was studied by examining the frequency of special education placement, frequency that abused children received speech therapy and psychological counseling, frequency of institutional placement, type and frequency of traits and behaviors which may be indicative of psychological problems, and academic achievement levels. The abused children were drawn from school-age referrals to the juvenile court in a 4-county area in Utah; data were available on 138 abused children. Results indicate that the frequency of placement in classes for the educable retarded and emotionally disturbed was significantly higher in the abused, rather than the nonabused population. The number of abused children found in psychiatric institutions was significantly higher than in the general population; abused children displayed the traits and behaviors indicative of psychological problems. Academic achievement in abused children was below grade level in the majority of cases. Numerous references.

**CD-01715**

Washington Research Project, New York, N.Y. Children's Defense Fund.

**Child Advocacy: A Perspective.**

Knitzer, J. E.

*American Journal of Orthopsychiatry* 46(2):200-216, April 1976.

Child advocacy provides a vehicle for building checks into systems that fail to safeguard the welfare of children. The emergence of child advocacy in recent years is traced as a social and legislative trend. Child advocacy assumes that (1) people have certain basic rights; (2) rights are enforceable by statutory, administrative, or judicial procedures; (3) advocacy focuses on institutional failures that produce or aggravate individual problems; (4) advocacy is inherently

political; (5) advocacy is most effective when it is focused on specific issues; (6) advocacy differs from direct service delivery. The state of the art as it applies to constituency, geographic jurisdiction, basic process strategies, case advocacy, class action litigation, monitoring, legislative advocacy, administrative advocacy, target systems, and auspices is surveyed. 30 references.

**CD-01716**

Philadelphia Child Guidance Clinic, Pa.

**A Case of Somatic Expression of Family and Environmental Stress.**

Koch, C. R.; Minuchin, S.; Donovan, W. M.

*Clinical Pediatrics* (13(10):815-818, October 1974.

The influence of the family in the development of psychosomatic and psychogenic symptoms in children and in the management of pediatric illness is explored. Traditionally, psychiatric diagnostic examinations have considered the patient in isolation from environmental factors. The patient's family has been considered only recently in both psychiatric diagnosis and intervention. The case history of an 18-year-old girl who had been shunted to three different foster homes in her lifetime is cited to illustrate how family environment can change psychiatric diagnoses. At 2 years of age, the girl's mother was convicted of child neglect and the youngster was placed in a children's shelter. In two subsequent foster placements, the girl was subjected to severe and capricious beatings by alcoholic foster mothers. In her final placement, the girl was caught between the foster parents' conflicting loyalties for their own natural children. The girl's psychosomatic complaints and conflicts with her foster mother threatened the success of this placement. During an 18-year period, the girl received 4 psychiatric diagnoses and four different diagnostic labels; they included mental plus social dysfunction, somatopsychosis, chronic undifferentiated schizophrenia, and that of a fragile ego accompanied by a strong punitive superego. The diagnosticians failed to consider the primary role of family stress as a precipitating etiological factor. When therapy was focused on family interactions at her last placement the family became more integrated, and the foster daughter's psychiatric symptomatology improved.

**CD-01717**

Palacky Univ., Olomouc (Czechoslovakia). Dept. of Psychology.

**Severe Deprivation in Twins: A Case Study.**

Koluchova, J.

*Journal of Child Psychology and Psychiatry* 13: 107-114, 1972.

A case of severe deprivation in monozygotic twin boys is presented. Records indicated normal physical and mental development at age 11 months. The natural mother died shortly after their birth, and the boys lived most of their first year in a children's home. The father remarried, and the twins were brought into the father's new home, which

included 4 other children. The father was away much of the time, and the stepmother exhibited psychopathic behavior. The twins were not allowed to leave the house nor to enter the main living rooms of the house. They slept on the floor in a room furnished only with a small table and chairs. A few bricks were their only toys. The situation was discovered when the twins were 7 years old, at which time they were removed from the house. Their behavior at the time of hospitalization was characterized by fear, shyness, extremely poor spontaneous speech, and primitive spontaneous play. They could not understand the meaning or function of pictures. Their mental age was estimated to be approximately 3 years. Following hospitalization, a suitable foster home was found. After 2 years in the foster home, the twins appeared about normal for their age. The full scale Wechsler Intelligence Test Scores for one twin increased from 80 at age 8.33 to 95 at 11 years; corresponding scores for the other boy were 72 and 93. Because of the severity of the deprivation in this case, a long-term follow-up is planned.

**CD-01718**

Colorado Univ., Denver.

**Child Abuse and Neglect: Effects on Bayley Scale Scores.**

Koski, M. A.; Ingram, E. M.

*Journal of Abnormal Child Psychology* 5(1):79-91, 1977.

Standardized Bayley Scales were administered to 46 children with nonaccidental trauma and 38 with failure to thrive, and the results were compared with those of normal controls. The children ranged in age from 2 to 30 months old. Physical abuse was detrimental to mental functioning but not to motor functioning. Neglect was detrimental to both mental and motor functioning. The effects on boys were different from those on girls. Physically abused males who had high levels of development and high intellectual abilities exhibited deteriorated social relationships at the time of testing, but no such social relationship problems were apparent in the physically abused girls. Physically abused girls did not exhibit attention span behaviors commensurate with their level of development. With increasing age at the time of testing, neglected males showed deterioration of intellectual functioning, a phenomenon not observed among neglected females. Neglected females and males both exhibited deteriorated motor functioning with age at initial testing. The association of social-personality variables with Mental Development Index and Psychomotor Development Index scores suggests that physically abused males had a different pattern of abuse in their environment prior to testing from that of the physically abused girls. 15 references.

**CD-01719**

North East Surrey Coll. of Technology (England).

**Talking Point: Softly, Softly.**

Lahiff, M.

*Nursing Times*. 72(50):1950-1951, December 16, 1976.

The role of professional personnel participating in case conferences in cases of child abuse is discussed. There are

grounds for questioning the validity of the case conference as an information-sharing exercise because a greater number of people and professions involved may decrease the exchange of information. Police involvement in case conferences might cause more problems than it solves, because of the potential of decreasing the effectiveness of the health visitor's role. It could be only a matter of time before the health visitor is viewed by the public as an informer. The various professions involved in dealing with child abuse walk a tightrope between maintaining useful working relationships with those they wish to help and preventing nonaccidental injury. It is possible that total prevention may be at the expense of considerable damage to the parent-child and the professional-client relationships.

**CD-01720**

Iowa Univ., Iowa City. Regional Child Abuse and Neglect Resource Center.

**Child Abuse and Neglect: A Self-Instructional Text for Head Start Personnel.**

Lakin, J. A.; Solomons, G.; Abel, C. M.

Iowa Univ., Iowa City. Regional Child Abuse and Neglect Resource Center, 107 pp., Spring 1977.

This self-instructional learning text was developed specifically to assist Head Start personnel with the prevention, identification, reporting, and treatment of child abuse and neglect. It is intended to provide the most basic and current information about child abuse and neglect, simplify the technical language found in professional journals, and assist personnel who come from a variety of training backgrounds and experiences. Aspects of abuse and neglect which are covered include proposed policy for Head Start programs, background information, definitions, the abusive pattern, characteristics, reporting, treatment, and prevention. Each unit begins with a stimulus quiz which is intended to assess the reader's knowledge prior to study, and ends with questions which provide an opportunity to use the information which has just been learned. Answers to the self-assessment quiz are provided for immediate feedback. A bibliography and an appendix of additional information sources is included.

**CD-01721**

Iowa Univ., Iowa City. Inst. of Child Behavior and Development.

**Child Abuse Training: A Practical State Model.**

Lakin, J. A.; Solomons, G.; Abel, C. M.

Iowa Univ., Iowa City. Inst. of Child Behavior and Development, 13 pp., September 1976.

A program located at the University of Iowa and serving Iowa, Kansas, Missouri, and Nebraska is described. The program was designed to provide a resource which would be most applicable at local levels. The center assists and provides supportive services to practicing professionals, community groups, and other individuals interested in child abuse and neglect programs. The program utilizes the

professionals already practicing in each state and trains these professionals to instruct others. The program recognizes that each state has different problems, different personnel, and different priorities. By allowing each state to select its own trainers and priorities, and plan its own activities, the needs of both the state and professionals are served. The program is aimed at organizing and starting these efforts so that the states may continue them after federal monies are discontinued. Organizational framework, delivery model, curriculum, evaluation of workshop and training sessions, and data collection and analysis are discussed.

**CD-01722****New Child Abuse Law Explained.**

Lamb, R. L.

*Pennsylvania Medicine* 79(2):30, February 1976.

The Child Protective Services Act 124 of 1975 defines an abused child as one under 18 years of age, 'who exhibits evidence of serious physical or mental injury not explained by the available medical history as being accidental, sexual abuse, or serious physical neglect if the injury, abuse or neglect has been caused by the acts or omissions of the child's parents or persons responsible for the child's welfare...' Those required to report to the state Childline include health, school, social service, and law enforcement personnel. Mandated persons, as well as private citizens, are required to report incidents by phone and then in writing within 48 hours. Rules for documentation by medical personnel are set forth. Physicians are granted immunity from legal action for reporting abuse and helping in the prosecutory process. The Pennsylvania Department of Public Welfare is mandated to educate the public on abuse and neglect and establish full-time child protective services in each county. Confidential relationships between spouses and between a patient and physician are waived when a child's welfare is endangered. An annual review of the law is to be performed by state Senate and House committees.

**CD-01723**

Case Western Reserve Univ., Cleveland, Ohio. Dept. of Pediatrics.

**Parental Visiting of Sick Infants: The Effect of Living at Home Prior to Hospitalization.**

Lampe, J.; Trause, M. A.; Kennell, J.

*Pediatrics* 59(2):294-296, February 1977.

The effect of living at home before hospitalization for neonatal illness on the visiting frequency of parents and on parent-infant interaction was studied in 44 infants with congenital anomalies such as hydrocephalus, myelomeningocele, omphalocele, Down's syndrome, and extreme cyanosis due to congenital heart disease. The infants were grouped according to whether they had lived at home for at least 2 weeks or less than 2 weeks prior to hospitalization. Of the 12 infants who had been home 2 or more weeks, 7 had perfect visiting rates, with one or both par-

ents visiting the child every day. Of the 32 who had been home for less than 2 weeks, only 5 were visited daily by the parents. Although infants with visible congenital anomalies were visited somewhat less frequently than those with no malformation or nonvisible anomalies, the difference was not significant. Analysis of weighted parental interaction scores indicated a significantly greater involvement of the parents of the infants who had been home for 2 or more weeks than was observed with those parents whose infants had been home for less than 2 weeks. It is suggested that allowing newborns to live at home for a short period prior to hospitalization might minimize the disruptive effects of neonatal hospitalization. 10 references.

**CD-01724**

Lancet.

**No Not Non-accidental Injury!***Lancet* 2(7989):775-776, October 9, 1976.

The recognition of the child abuse problem and the increased services provided to alleviate the situation have changed the roles of many professionals through legal mandates and in client transactions. Physicians still perform their roles traditionally, but characteristic patterns of injury are being described and studied by specialists; the antecedents of abuse are being determined methodically; pediatric units are establishing sound management practices; and particular attention is focused on the attitudes and behaviors of expectant mothers. Social workers are active in many issues of management, research, treatment, and prevention. However, it is difficult to remain involved with a problem with as many frustrations and contradictions as child abuse. The parents must be seen as victims themselves in need of sensitive therapeutic intervention at every stage. 10 references.

**CD-01725**

Sioux Youth Development Association, Inc., Eagle Butte, S. Dak.

**Summary of the Third Year of Operation of the Sioux Youth Development Association, Inc.**

Lane, J. M.; Williams, K. R.

Sioux Youth Development Association, Inc., Eagle Butte, S. Dak., 35 pp., June 1976.

The Sioux Youth Development Association, Inc. (SYDA) is a private nonprofit organization which serves as the child welfare agency for the Cheyenne River Sioux Reservation. Cooperation with the Public Health Service has resulted in the creation of a multidisciplinary child protection team, one of the few that are easily accessible to Native Americans. The SYDA staff are cross-trained with local fire, police, and ambulance crews and also function as social service workers. One of the major efforts of the SYDA is the operation of Tipila, a residential care center for young people in need of emergency services. In the course of its operation, the function of SYDA has concentrated on diffusing as many family problems as possible

before police intervention or separation is necessary. The existence of abuse and neglect on a reservation has been an unexpected problem to agency and program planners. Experience indicates that without intervention, these problems are progressive. The ratio of reported neglect to abuse in 1974 was approximately 3:1. The types of problems ranged from various inflicted physical injuries to abandonment, psychological trauma, and malnutrition. Statistics on the type of clientele, presenting symptoms, reporting agencies, case dispositions, and nature of services rendered are included.

**CD-01726**

Postgraduate Medical Inst., Prague (Czechoslovakia).

**Psychological Deprivation in Childhood.**

Langmeier, J.; Matejcek, Z.

New York, John Wiley & Sons, 496 pp., 1975.

The effects of psychological deprivation in childhood are discussed as the result of an evaluation of institutions in Czechoslovakia. Models of child deprivation in the past are contrasted with those of contemporary societies, in an attempt to identify factors underlying deprivation. There is not a single prototype to describe the deprived child, but rather there are various types of deprived personalities. Long- and short-term deprivation in institutions and in families is described, and the importance of internal and external factors and of social and cultural forces are examined. A multi-level theory of psychological deprivation is offered as a framework in which diagnostic, therapeutic, and preventive problems can be attacked. 1,264 references.

**CD-01727**

Colorado Psychiatric Hospital, Denver.

**Father-Son Incest.**

Langsley, D. G.; Schwartz, M. N.; Fairbairn, R. H.

*Comprehensive Psychiatry* 9(3):218-226, May 1968.

Father-son incest is uncommon and has not been studied with the thoroughness that father-daughter incest has. A case report is presented in which the 20-year-old son, after being hospitalized for ingestion of lysergic acid diethylamide, told a resident of his sexual contact with his father. Through his high school years the son had few normal heterosexual contacts and had one homosexual experience. The father, who had other homosexual contacts, had apparently also maintained a satisfactory relationship with his wife; he became severely depressed over the hospitalization of his son. The mother and the family as a whole are also discussed in detail. Whereas father-daughter incest depends upon the family setting and the internal problems of the father and daughter, this case of father-son incest seems to be a phenomenon more closely related to the father's intrapsychic problems than to family interaction. 6 references.

**CD-01728**

Kansas Univ., Kansas City. Medical Center.

**Prevention of Child Murder. A Case Report.**

Lansky, S. B.; Erickson, H. M.

*Journal of the American Academy of Child Psychiatry* 13(4): 691-698, Autumn 1974.

Child murder has been classified into 5 categories: (1) altruistic filicide, whereby children are killed out of love, either as part of a suicide-homicide pact or to relieve real or imagined suffering; (2) the acutely psychotic filicide, committed by parents who kill under the influence of hallucinations, epilepsy, or delirium; (3) the unwanted child filicide, which involve children who were illegitimate; (4) accidental filicide, a fatal outcome of child battering, usually during attempts at correcting the child; and (5) spouse revenge filicide or the Medea complex. A case representing the Medea complex is described in which a mother poisoned her child on several occasions in an attempt to regain the affection of her husband. The father had openly displayed preference for his daughter, while degrading his wife. There appeared to be a passive recognition on the part of the father of his wife's acts. Because some of the poisonings occurred in the hospital the problem was successfully detected and psychotherapeutic relationships were developed with the family. Meaningful communication between the parents eventually developed and the family was able to function normally. 9 references.

**CD-01729**

Foundation for Child Development, New York, N.Y.

**State of the Child: New York City.**

Lash, T. W.; Sigal, H.

New York, Foundation for Child Development, 188 pp., April 1976.

Various aspects of the quality of life of children in New York City are considered. Indicators of the state of the child are reviewed, including information on family life in New York City, the health of the children, the educational system, the life of the 29,000 children in foster care, the foster care system, children as offenders and victims, and the juvenile court system. Reports are provided on selected children's programs. Information is also provided on child health stations, based on a monitoring report by the Citizens' Committee for Children of New York, Inc.; school attendance and school meals, based on monitoring reports by the Community Council of Greater New York; bilingual pilot schools; and budgets for children's services.

**CD-01730**

Harlem Hospital Medical Center, New York, N.Y. Div. of Child Psychiatry.

**Treatment of Abused and Neglected Preschool Children in a City Hospital.**

Leal, C. A.

*Psychiatric Annals* 6(5):216-226, May 1976.

Four major factors have contributed to the pace, methods, and types of program development involved with the Division of Child and Adolescent Psychiatry at the Harlem Hospital Medical Center in New York: (1) early identification of the assets and liabilities of the children, (2) a pluralistic view of the factors that act concurrently in affecting behavior, (3) an acceptance of every child from birth to adolescence, and (4) an understanding of the effects that the deprivation environment has had on the child's behavioral organization. One out of every 6 visits by preschool children to the Developmental Psychiatry Service was related to child abuse or neglect during a 1-year period. Many of the preschoolers showed delays in onset of language use and retarded verbal or nonverbal language development, immature neurologic development, and disorders in psychosocial functioning. A well-integrated multidisciplinary approach with separate plans for short-range and long-range therapy provides the best results in improving family functioning. The short-range diagnostic and therapeutic plan should determine the nature and extent of the trauma, the circumstances, the behavioral attributes of the child, and what steps must be taken to safeguard the child. The entire family should be involved in the treatment process. Understanding of the underlying parent-child relationships involved in a case is the most important step in planning and treatment. Long-range therapy begins when the child leaves the hospital and should continue until characteristic problems are ameliorated. 4 references.

**CD-01731****Civil Liability for Failing to Report Child Abuse.**

Lehto, N. J.

*Detroit College of Law Review* (1):135-166, Spring 1977.

The California Supreme Court's 1976 decision in *Landeros v. Flood*, which held that a doctor who fails to report a child abuse victim can be held liable for subsequent injuries inflicted upon the child by his parents on a theory of medical malpractice, is examined. Two crucial issues were avoided by the court. Whether the standard of care required of physicians includes properly diagnosing and treating the battered child syndrome was held to be a question of fact to be decided from trial testimony. The second issue, whether the intervening criminal assault by the child's parents was reasonably foreseeable by an ordinary and prudent physician, also was held to be a question of fact for the trial court. Three theories of proving civil liability for the failure to report child abuse are explored in depth: medical malpractice, statutory negligence, and liability per se. All 50 states and the District of Columbia require physicians and others to report suspected child abuse victims. While 35 impose criminal penalties for failure to comply, there is a general reluctance to prosecute criminally. The draft Model Child Protective Services Act and the statutes of several states include a civil liability clause. *Landeros v. Flood* should prompt state legislators to overhaul mandatory child abuse reporting laws. The Model Act, which may become the legislators' guide, proposes adoption of civil and criminal liability provisions

requiring proof of willful misconduct by violators. This requirement would limit successful civil actions to the truly shocking cases. Numerous references.

**CD-01732**

Yale Univ., New Haven, Conn. Dept. of Pediatrics.

**Failure to Thrive in Infants.**

Leonard, M. F.; Rhymes, I. P.; Solnit, A. J.

*American Journal of Diseases of Children* 111(6):600-612, June 1966.

A preliminary study of 13 infants (10 weeks to 27 months) with failure to thrive unexplained by organic disease was conducted at the Yale-New Haven Hospital. For the purpose of the study, a failure to thrive infant was defined as one who (1) was full term at birth; (2) had no demonstrable physical cause for growth failure; and (3) fell progressively below the third percentile in height and weight. During the 1-year screening period the children received comprehensive physical, neurological, body fluid and function evaluations. In four infants there was evidence of underfeeding, as evidenced by rapid weight gain in the hospital. The remaining infants suffered growth impairment in spite of adequate caloric intake. Developmental studies indicated evidence of maternal deprivation in 5 infants, suboptimal stimulation plus delay in parental attachment in 5 others, and superficial personal-social relationships in the remaining 3. Investigations of the families revealed multiple stresses plus diminished ability of the parents to meet or master their increasing responsibilities. The mother was often carrying the burdens alone without adequate support from her husband or other significant people. The reason why one particular infant in a family failed to thrive may have resulted from some inherent vulnerability in the infant, his special meaning to the family, or added stress associated with his birth. The mothers were found to be lacking in self-esteem as mothers and in ability to assess their baby's needs and their own worth realistically. Hospitalization of infants, diagnostic evaluation, and supportive work with the mother in the hospital have been found helpful, even though underlying serious family social problems are often not amenable to change through this process. 20 references.

**CD-01733**

Medical Univ. of South Carolina, Charleston. Dept. of Pediatrics.

**Issues on Child Abuse and Neglect in South Carolina.**

Levi, S.; Schuh, S.

*Journal of the South Carolina Medical Association* 72(4):119-123, April 1976.

Professional and lay opinions concerning the child abuse laws of South Carolina are sharply divided. Some personnel working in the area of child abuse feel that the present laws mandating reporting only for physical abuse and physical neglect are inadequate, whereas others believe that the inclusion of mental, educational, and medical neglect would lead to a system which is unworkable and

which would interfere with the parents' ability to discipline their children. The basic conflict is between parental rights groups and child advocacy groups. The right to discipline a child has traditionally been guarded by every parent as necessary in promoting the proper development of the child. However, child advocacy groups believe that serious physical battering may occur in the administration of such discipline. Available evidence indicates a significant incidence of temporary or permanent injury, either emotional or physical, as a result of this. The most common issues of this controversy are the problem of defining the various types of abuse and neglect, the violation of the intent of the immunity clause, and the extent to which mandatory reporting should be used. From 1968 to 1972, 144 cases of child abuse were reported to the S. C. Department of Social Services; in fiscal year 1974 to 1975 more than 4,700 cases were reported. To prevent overburdening the investigating agency, it may be necessary to limit reporting to the extreme situations, as is presently mandated in South Carolina. 7 references.

**CD-01734****Child Neglect: Reaching the Parent.**

Levine, A.

*Social and Rehabilitation Record* 1:26-33, 1974.

A brief report based on a handbook developed for social workers deals with treating child neglect through attempting to understand and reach the parent who is responsible. Most of the material for the handbook was gathered in Appalachia using the case-study approach. Among neglectful mothers, the types of personalities observed most frequently are the apathetic-futile, the impulse-ridden, the mentally retarded, the mother in a reactive depression, and the psychotic. Most neglectful mothers are poor. The symptoms of apathy-futility are difficult to distinguish from depression, and severe apathy-futility may be confused with mental retardation. The apathetic-futile and impulsive mothers are most commonly neglectful. During initial contact the social worker should first express concern for the mother, then the child. A child should not be removed from the mother unless overriding reasons supersede the trauma of removal. Neglectful mothers, regardless of the psychological diagnosis, are immature. The social worker must be willing to become involved in what he might consider a disorganized life, bear the hostility of the neglectful mother, and temporarily meet the dependency needs of the mother. Implications for research include a need to develop valid early warning signals and a need to test the effectiveness of specific services designed to prevent neglect or abuse. 1 reference.

**CD-01735****Access to "Confidential" Welfare Records in the Course of Child Protection Proceedings.**

Levine, R. S.

*Journal of Family Law* 14(4):535-546, 1975-1976.

Counsel for the parent and the child should have the right to test the credibility of caseworkers and to probe the ba-

sis of their decisions. The threshold issue is whether cross-examination without prior access to child welfare records can be truly effective. Traditionally, child welfare agencies have zealously prevented the advocates access to their records on the premise that discovery would damage the parent-caseworker relationship. Agencies also have asserted that access would possibly discourage informants from reporting abuse and neglect for fear of disclosure and retribution. Courts have finally recognized that attorneys for parents involved in child protection proceedings have a due process right to inspect records maintained by child welfare agencies. This trend may be as significant as the belated recognition of the parent's and the child's independent right to counsel. This trend, however, is not firmly entrenched and further litigation efforts will be necessary to extend its benefit. Numerous references.

**CD-01736**

Yale Univ., New Haven. Child Study Center.

**Pediatric Management of Psychologic Crises.**

Lewis, M.; Lewis, D. O.

*Current Problems in Pediatrics* 3(12):1-47, October 1973.

The first step for the pediatrician in diagnosing child abuse is to consider the possibility. Pediatricians are sometimes reluctant to realize the situation because of fear, anger, or misinformation provided by parents. Abusive parents are usually young, immature, under marital or economic stress, and victims of maltreatment in their own childhood. Some are alcoholics and some are psychotic. Most abusive parents tend to be isolated individuals, incapable of conducting satisfying relationships. Pediatricians should use this profile to screen and detect children at risk. Preventive measures which could be utilized include Parents Anonymous services, hot lines, crisis nurseries, and emergency placement; in-home services including home-makers, nurses and parent aides are useful. Case management responsibilities of the pediatrician include immediate provision for safety of the child and development of a treatment plan for the child and parents. A pediatrician is required by law to report suspected abuse cases. Other psychological crises and their management by pediatricians are covered. They include child death, parent death, attempted suicide, the unwed pregnant minor, sexual assault, school avoidance, the runaway, and the crisis-prone family. Numerous references.

**CD-01737**

Wayne County Juvenile Court, Detroit, Mich.

**Model Statute for Termination of Parental Rights.**

Lincoln, J. H.

*Juvenile Justice* 27(4):3-8, November 1976.

A model termination of parental rights statute developed by the Neglected Children Committee of the National Council of Juvenile Court Judges seeks to ensure the competent, stable, and ongoing care of children by prompt and final adjudication. The court of juvenile jurisdiction is given exclusive power to terminate the rights and responsi-

bilities of parents of any child under 18 years of age when the court finds that the parent is unfit or that the conduct of the parent renders proper care for a child impossible, and that such a condition is unlikely to change in the foreseeable future. In determining unfitness, conduct, or condition, the Court must consider but is not limited to the following: (1) emotional illness, mental illness or mental deficiency of the parent; (2) physically, emotionally, or sexually cruel or abusive conduct toward a child; (3) excessive use of intoxicating liquors or dangerous drugs; (4) physical, mental, or emotional neglect of the child; (5) conviction and imprisonment for a felony; (6) unexplained injury or death of a sibling; and (7) failure of the family to be rehabilitated after reasonable efforts by appropriate public or private child caring agencies. Where a child has been placed in foster care, the court should consider the child's identity with that family and that family's ability to integrate the child permanently. In all its deliberations the court shall give primary consideration to the physical, mental, or emotional needs of the child. Other aspects of the model statute cover the processes of petitioning and summons service and compliance.

**CD-01738**

Pennsylvania State Univ., Hershey. Dept. of Pediatrics.  
**Child Abuse in a Rural Setting.**  
 Lloyd-Still, J. D.; Martin, B.  
*Pennsylvania Medicine* 79(3):56-60, March 1976.

From 1973 to 1975, 64 cases of abuse and neglect were seen at a rural clinic, the Milton S. Hershey Medical Center. Forty-six out of the 64 victims were under 3 years of age. Failure to thrive, as a psychosocial entity, was evident in 36 patients, 3 percent of whom were victims of deliberate neglect and starvation. The majority of cases were related to a combination of marital difficulties, inadequate parenting, and economic crises. Physical abuse was noted in 28 of the 64 children, with evidence of the classic battered child syndrome seen in 5 patients, subdural effusion in 7, seizures in 3, skull fractures in 5, poisoning in 1, abdominal injury in 1, and soft tissue injuries in 12. Associated findings included organic or congenital disorders, psychiatric problems, prematurity, and drug abuse. Follow-up of the cases showed that only 10 cases were closed, 54 remained open, re-injury occurred in 5, 12 were placed in foster care, 10 moved out of state, 12 were retarded, and 2 had died. The Child Protection Team recommends special attention to mothers with puerperal psychoses, continuing a nonpunitive approach to treatment, coordination between the attending physician and child welfare agency, introduction of special classes into the curricula of medical students, the use of community-based voluntary programs, and mass media education efforts. 15 references.

**CD-01739**

United States Senate, Washington, D.C. Committee on Finance.  
**Child Care and Social Services Programs. Report to Accom-**

pany H.R. 12455.

Long, R. B.  
 94th Congress, 2d Session, Report No. 94-857, 26 pp., May 13, 1976.

A report from the Senate Committee on Finance to accompany H.R. 12455, which extends the maximum period during which recipients of services under titles IV-A and VI of the Social Security Act may continue to receive services without individual determinations, recommends passage of the bill with an amendment. The Committee amendment provides for a permanent change in the law giving States complete flexibility in determining social services eligibility and adds a provision suspending certain child care standards and providing additional child care funding. Federal staffing standards for child care for preschool children are suspended until October 1, 1977 so that certain State programs would not be destroyed. In paragraph 6 of the amended Section 2002(a) of the 1974 Social Security Act (Title XX), it is specified that no payments will be made to states for provision of any services other than an information or referral service, or a service directed at the goal of preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests. Estimates of the budgetary impact of the legislation, as amended, are included.

**CD-01740**

Sheffield Univ. (England). Dept. of Child Health.  
**Posthaemorrhagic Hydrocephalus. Diagnosis, Differential Diagnosis, Treatment, and Long-Term Results.**  
 Lorber, J.; Bhat, U. S.  
*Archives of Disease in Childhood* 49(10):751-762, October 1974.

Intracranial hemorrhage leading to hydrocephalus may occur as a result of accidental injury, child abuse, or rare blood disease. The clinical features, diagnoses, investigations, and results of treatment are detailed in a series of 47 infants with posthemorrhagic hydrocephalus; 7 were deemed untreatable, 3 received isosorbide only, and the remaining 37 received a Holter-type ventriculocardiac shunt or ventriculoperitoneal shunt. Thirty-two patients survived for 18 months to 16 years. Posttreatment evaluations showed that 50 percent of the survivors had normal intelligence, 12 percent were educationally subnormal, and 38 percent were grossly retarded. Physical assessments indicated serious impairment in 21 patients. The results were considered satisfactory in 19, although only 9 children had no detectable sequelae. The most serious adverse prognostic features on admission were acute illness with active bleeding or neurological signs such as spasticity, fits, visual defects, or subdural effusions. The degree of hydrocephalus proved to be of prognostic value. 8 references.

**CD-01741**

Miami Univ., Coral Gables, Fla. Dept. of Psychology.  
**The Abused Child.**

Lord, E.; Weisfeld, D.

In: Roberts, A. R. (Editor). *Childhood Deprivation*. Springfield, Ill., Charles C. Thomas, pp. 64-83, 1974.

Violence-associated inflictions upon children have been a pervasive cultural element in the history of mankind. Unfortunately, significant concern for victimized child did not appear until the last 100 years. The historical aspects of child abuse are recounted and the current knowledge concerning the phenomenon is reviewed. Current knowledge concentrates largely on symptomatology, while considerations of working definitions and etiology remain matters which are still unsettled. A subjective overview of child abuse covers the emergence of legislative instruments for dealing with abuse and a review of the precipitating circumstances which involve parents; specific causes of child abuse are discussed. Successful elimination of child abuse depends upon the establishment of programs designed to eradicate the motivations for abuse once the child is protected from immediate danger. 54 references.

**CD-01742**

Kansas Univ., Kansas City. Coll. of Health Sciences. *Gonococcal Infections in Young Children. Studies on the Social, Familial, and Clinical Aspects of 11 Instances*. Low, R. C.; Cho, C. T.; Dudding, B. A. *Clinical Pediatrics* 16(7):623-626, July 1977.

Of 43 cases of gonorrhea verified by culture in children 16 years and younger, 11 were children under 10 years. Girls outnumbered boys (38:5). All 10 families of the 11 younger children were of the lower economic level. Marital disharmony and crowded living conditions were common in these families. The age clustering in 43 patients into young adolescents and young children suggests that voluntary sexual contacts is the mode of transmission in the older group, whereas sexual abuse or nonvenereal transmission may be involved in the younger group. Among the 11 young children, sexual abuse was suspected or confirmed in several instances. Management of gonorrhea in such young children may require a concerted effort by a multidisciplinary team. 11 references.

**CD-01743**

Oklahoma Univ., Oklahoma City. Dept. of Pathology. *Pediatric Forensic Pathology. I. Death by Homicide*. Luke, J. L.; Lyons, M. M.; Devlin, J. F. *Journal of Forensic Sciences* 12(4):421-430, October 1967.

A series of 82 homicides in New York City during 1964-65, in which the victim was between the age of 2 weeks and 16 years, is presented. There were 43 boys and 39 girls. Fifty-two of the cases involved children under the age of 6 years. Thirty-seven of the 82 homicides in the series were committed by a parent before the victim had reached the age of 6. Mothers killed twice as many children as fathers. Ten homicides were committed by acquaintances, usually peers, in the 13-15-year age group, often for trivial reasons. There were 6 homicides in which

the assailant was unknown to the victim, and most of these cases involved sexual molestation. In 7 cases, the assailant had not been apprehended. In 6 cases, the murderer was also a child. Three children were killed unintentionally; in 2 cases, the child wandered into the line of fire during an attempted murder of the mother. There were 6 separate multiple murders of children in the series, and in each of these cases the perpetrator was a parent. Firearms were used in 15 cases, and stabbing was involved in 7. Strangulation was the method in 7 cases, drowning in 10, and smothering in 4. Blunt force injury was involved in 33 cases, and various or unknown means were used in 6 cases. 7 references.

**CD-01744**

Whiteabbey Hosp., Newtonabbey (N. Ireland). Child Guidance Clinic. *Parental Maltreatment of Children*. Lukianowicz, N. *British Journal of Social Psychiatry* 3(3):189-195, 1969.

The dynamics of different forms of maltreatment vary between types. Physical maltreatment and mental cruelty, in severe and milder forms, are described and illustrated by 4 case histories. Often the milder forms of maltreatment are difficult to recognize. The problem of abuse, the types and frequency of maltreatment, and treatment and prevention are also discussed. 11 references.

**CD-01745**

Milton S. Hershey Medical Center, Hershey, Pa. *Recognizing Burn Injuries as Child Abuse*. Lung, R. J.; Miller, S. H.; Davis, T. S.; Graham, W. P., III. *American Family Physician* 15(4):134-135, April 1977.

Four cases of child abuse in which burning was the method of injury are cited. A 4-year-old boy who was held in a tub of hot water by his mother, and a 5-year-old boy who was punished by his mother for playing with faucets by placing his hands in a basin of heated water were both placed in foster care. A 14-year-old girl suffered burns from hot grease thrown by her sister. Subsequent investigation revealed that the stepfather disliked the victim and encouraged rivalry between the 2 sisters. The treatment in this case was family counseling. A 22-year-old unwed mother attempted to kill her full-term male newborn by tossing him into the incinerator. The infant was rescued by his grandparents, but he died of sepsis and burns 2 days later. A 5-month-old boy died 3 days after being placed in hot bath water. Family physicians, emergency room teams, and burn unit personnel must be aware of the possibility of child abuse, particularly when the injuries are not severe enough to require hospitalization.

**CD-01746**

Madigan General Hospital, Tacoma, Wash. Psychiatric Service.



**Incest. A Family Group Survival Pattern.**

Lustig, N.; Dresser, J. W.; Spellman, S. W.; Murray, T. B.

*Archives of General Psychiatry* 14(1):31-40, January 1966.

Father-daughter incest is discussed in light of 6 cases which occurred in military families. The fathers typically came from backgrounds of emotional deprivation and desertion experiences which generated a strong desertion anxiety. They were frequently uncertain of their own masculine identity and were strongly motivated to maintain a facade of role competence as the family patriarch in the eyes of society. The mothers also experienced either physical or psychological desertion in their childhoods, leaving them with strong dependency residuals and needs to be mothered. Most of the mothers were overly protective of their daughters during the first 4 years, following which the daughters increasingly assumed maternal functions and household duties. The mothers had a history of sexually rejecting and depreciating their husbands, and they played conspicuous roles in directing their husbands' sexual energies toward the daughters. The daughters displayed areas of pseudomaturity, which facilitated role reversal with the mothers. The girls had low tolerance for family tension related to fears of desertion. Guilt was related more to the threat of family dissolution than to the incestuous act itself. Each of the 3 protagonists had a fear of abandonment through family disintegration.

**CD-01747**

Park Hospital for Children, Oxford (England).

**Risk Factors in the Child: A Study of Abused Children and Their Siblings.**

Lynch, M. A.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 43-56, 1976.

Child abuse is an extreme manifestation of bonding failure. The formation and maintenance of a healthy bond is a reciprocal process influenced by attributes of the child and the parent's expectations. A study was conducted in Oxford, England, comparing 25 abused children with their 35 unharmed siblings. Information obtained from parents about the pregnancies and early life experiences of the children was verified with obstetric, neonatal, and pediatric records. Six factors were identified with the proband group as compared to the sibling group: abnormal pregnancy, abnormal labor or delivery, neonatal separation, other separations in the first 6 months, childhood illness in the first year of life, and illness in the mother in the child's first year of life. The injuries of the abused children ranged from minor soft tissue damage to life-threatening cerebral hemorrhage. The abusive families were not from any one socioeconomic group. The incidence of illegitimacy was higher among the nonabused siblings, but there were no significant sex differences between the two groups. Half of the children were under 1 year of age

when referred. Two case examples of abused children are described. 23 references.

**CD-01748**

Oxford Univ. (England). Park Hospital for Children.

**Residential Therapy -- A Place of Safety.**

Lynch, M. A.; Ounsted, C.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community*. Cambridge, Mass., Ballinger Publishing Co., pp. 195-207, 1976.

An inpatient unit for families of abused children in Oxford, England, is described. The unit is located adjacent to a children's hospital, which specializes in disorders of brain function and development. Medical staff with pediatric and psychiatric training operate the unit on a day-to-day basis. Parents are free to come and go as they please. Other staff include a social worker, a senior occupational play therapist, and a psychologist. An experienced nurse spends most of the day in the unit with mothers and children. Fifty families have been served in a 2.5-year period. The families came from a variety of socioeconomic backgrounds and urban and rural areas. The 87 children served included all children then living in the family. Referrals were received primarily from pediatricians and family doctors, followed by social workers and psychiatrists. Actual abuse had occurred in 23 of the children, probable abuse in 3, and 24 were at risk for abuse. Grossly psychotic mothers and those truly sadistic were not admitted to the unit. Each family was fully assessed from medical, psychiatric, and social standpoints. The histories of the families were similar to the "classical" child abuse history. Treatment is adapted to the needs of each individual family. The care of the child is almost exclusively the responsibility of the nursing staff for the first few days. Fathers are encouraged to become more involved with the children, and both parents receive group, individual, and marital psychotherapy during their stay in the unit. Twenty-four families remained in the unit for 3-6 weeks; a few remained less than 7 days; and 3 families stayed more than 9 weeks. Criminal proceedings were filed in only 2 cases, and in both it was possible to maintain the relationship with the families. Prior to discharge, arrangements are made for weekends at home on a trial basis. Eighty percent of the families were returned home with their children. For 12 children in 10 families, separation was necessary during the admission or after a short trial at home. There were no cases of proved reabuse. Two children subsequently spent short periods in foster care, and many families have requested assistance in times of crisis.

**CD-01749**

Park Hospital for Children, Headington (England). Human Development Research Unit.

**Predicting Child Abuse: Signs of Bonding Failure in the Maternity Hospital.**

Lynch, M. A.; Roberts, J.

*British Medical Journal* 1(6061):624-626, March 5, 1977.

Characteristics of 50 children referred to the hospital because of actual or threatened abuse were compared with those of 50 nonabused control children born at the same maternity hospital. In the study sample, 23 children had actually been abused; 3 were probably abused; 6 were neglected; and 18 were considered at risk. Information on all children was extracted from the maternity hospital records. Five factors were significantly more commonly encountered among the abused children than in the control group: maternal age of less than 20 at the time of birth of the first child; evidence of emotional disturbance; referral of the family to the hospital social worker; admission of the baby to a special care baby unit; and recorded concern over the mother's ability to care for the child. In the abused group, 35 had 2 or more of these factors, while only 5 of the control group had 2 or more. Since these data were obtained from information routinely recorded at the maternity hospital, it is possible to identify most abusing families when the child is born. If signs of bonding failure are recognized in the maternity hospital action can be taken to prevent abuse.

**CD-01750**

Park Hospital for Children, Oxford (England).  
**Family Unit in a Children's Psychiatric Hospital.**  
 Lynch, M. A.; Steinberg, D.; Ounsted, C.  
*British Medical Journal* 2(5963):127-129, April 19, 1975.

The family unit of Park Hospital, Oxford, England, handles not only children with developmental disorders but also accommodates mothers when problems are rooted in the parent-child relationship. The special unit is staffed by a consultant with pediatric and psychiatric experience, nurse, occupational therapist, psychologist, and social worker. On admission, rigorous examination of the family condition is made to assess family attitudes, developmental level, and psychiatric status. The treatment approach is aimed at isolating specific problems, improving domestic relations, and forming a therapeutic relationship between the unit's staff and the parent. A review of typical family diagnoses indicates a predominance of severely disturbed relationships, physical disorders, and maternal anxiety. Significant numbers of mothers were diagnosed with a variety of psychiatric abnormalities. Preliminary results reveal that roughly one-third of those admitted to the unit are untreatable and require permanent removal of the proband. The remainder generally improve enough to allow the children to return home. Active involvement, as exemplified by the unit, represents the only effective form of the multidisciplinary approach. 1 reference.

**CD-01751**

Maryland Univ., Baltimore. Inst. for Psychiatry and Human Behavior.  
**Rage, Hate, Assault and Other Forms of Violence.**  
 Madden, D. J.; Lion, J. R.  
 New York, Spectrum Publications, Inc., 265 pp., 1976.

The literature and current thinking on violence and aggression are reviewed, and their relationship to child abuse

and violence in the family is discussed. Also discussed are violence in the media, national and international violence, the violent offender in court, therapy in prisons, psychological approaches to violence, suicide, nonhuman aggressive behavior, epilepsy and violence, the treatment of the aggressive patient, and scientific, clinical, and ethical issues in the treatment of aggressive patients. The history of child abuse is recounted, and the role of the 3 familiar etiological components (potential for abuse, crisis, and special child) is discussed. Although the long-term sequelae of child abuse are not completely understood, neurological impairment and mental retardation have been noted, as have increased juvenile delinquency and emotional disorders. Treatment is discussed in general terms, with emphasis on the team treatment approach.

**CD-01752**

Portland State Univ., Oreg.  
**The Disposition of Reported Child Abuse.**  
 Maden, M. F.  
 Doctoral Dissertation, Portland State Univ., Oreg., 160 pp., 1977.

A study was conducted to determine whether what happens to reported child abuse victims, their families, and the perpetrators differs according to which community organization investigates the case: law enforcement or social service agency. The study hypothesis is presented and analyzed in 3 parts: whether victims remained in or were removed from their own homes; whether families were referred for social services; and whether community action was taken for or against the perpetrators. The findings show that cases investigated by social service agencies compared with law enforcement agencies are less likely to result in removal of the victims from their own home, more likely to receive social services for families, and more likely to invoke community action for the perpetrators. Joint investigation is more likely to result in removal of the child and referral of the family for services. A comprehensive description of the study population is provided, with particular attention to the distribution of the study population among the caseloads of the investigating agencies. The study methodology, the agencies involved, and the study results are described in detail. 95 references.

**CD-01753**

Maine Human Services Council, Augusta.  
**Report and Recommendations on Child Abuse and Neglect.**  
 Maine Human Services Council, Augusta, 59 pp., June 1976.

In May 1975, the Maine Human Services Council created a Task Force to assist the Department of Human Services in the development of a state-wide plan relating to the prevention and treatment of child abuse and neglect. The Task Force was composed of members of private and public agencies. In this report, the Council identifies current deficiencies and recommends specific steps to meet

the needs of child protection. Four areas of concern are considered: policy and procedures; uniform reporting; training; and contractual services. It is strongly recommended that the Department revise its policy and procedures. Reporting and data evaluation should be made uniform throughout the state. A sufficient staff adequately trained to meet the state's child protection needs should be ensured. The Department should assume a leadership role in coordinating community-wide services available and necessary to meet the problems of abused and neglected children in the state. Appendices include current policy and suggested revisions.

**CD-01754**

Pennsylvania Univ., Philadelphia. Dept. of Psychiatry.  
**Safety First: Comments on the Influence of External Danger in the Lives of Children of Disorganized Families.**  
 Malone, C. A.  
*American Journal of Orthopsychiatry* 36:3-12, 1966.

Descriptive findings on the psychological characteristics and developmental deviation of 21 preschool children from a group of multiproblem, hard-to-reach families living in a deprived area are presented. The children were seen in a demonstration, therapeutic-educational nursery school program. As early as 2.5 to 3 years of age, distinctive deviation in their development was observed. While often normal and sometimes advanced in gross motor skills, they demonstrated a disregard for body care. They approached adults with a friendly, shallow, nonspecific eagerness. They tended to be passive and lacked interest in learning. They often used infantile speech, and they showed delayed cognitive development in spite of low average IQs. In contrast, they often took on responsibilities beyond their years. Many of their characteristics are similar to those of children who have suffered maternal deprivation. The home environment of these children is harshly punitive, and they are frequently subjected to physical assault. Their individual needs are unmet, and they live in violent and impulsive families and neighborhoods. External danger in these children's lives mobilizes early and continuous self-preservative interests and emphasizes survival. Four observed characteristics of these children illustrate that danger and survival play a role in their deviant development: an orientation toward danger; visual and auditory hyperalertness toward some stimuli and hypoalertness to others; many forms of denial such as avoidance, evasion, obliviousness, and ignoring; and certain areas of hypertrophied ego functioning. These advanced abilities contribute to the relative literalness and inflexibility of the children and to the fixation of their development. 11 references.

**CD-01755**

Child Advocacy Center, Washington, D.C.  
**A Report and Recommendations on the District of Columbia's System for Serving Families of Abused and Neglected Children.**  
 Maney, A. C.; Stein, M. A.; Smith, N.; Hulett, D.

Child Advocacy Center, Washington, D.C., 55 pp., September 1975.

The present system of services delivery to families of abused and neglected children by the District of Columbia is described and recommendations are offered to correct service deficiencies. Social services offered to families of abused and neglected children who are reported to the police are currently delayed, fragmented, or denied. The Protective Service Unit in the Department of Human Resources (DHR) offers the greatest potential for meeting these deficiencies, but the Department has failed to assign responsibility for all protective service functions to a single administrator, and policymakers are isolated from feedback from the community of agencies, clients, and advocates who relate to protective services. An Abuse Center should be instituted which includes Protective Services and a broad range of emergency support services along with reporting, coordinating, consulting, and monitoring functions. Features of the Center would include central reporting, 24-hour services, neighborhood specialists, reduced caseloads, a uniform information system, a single administrator, and administrative integration with the Family Services branch of DHR. Recommendations are also provided to ensure parent and child rights, including limitation of institutional placements for abused children.

**CD-01756**

Jefferson Community Mental Health Center, Philadelphia, Pa.  
**Brief Hotline Training. An Effort to Examine Impact on Volunteers.**  
 Margolis, C. G.; Edwards, D. W.; Shrier, L. P.; Cramer, M.  
*American Journal of Community Psychology* 3(1):59-67, March 1975

A brief training program (3 2-hour sessions) given to hot line volunteers was evaluated by testing before and after training. The major focus of the training was on the limitations (legal and personal) of the hot line volunteers; the ways to obtain enough information, through active listening, to make appropriate responses; and on the referral sources that were available. The results indicated that there were significant effects, as a result of training, on the global measure, and in knowledge of own limitations, knowledge of how to make referrals, and knowledge of the resources available. 6 references.

**CD-01757**

American School Board Journal.  
**The Growing Horror of Child Abuse and the Undeniable Role of the Schools in Putting an End to It.**  
 Martin, D. L.  
*American School Board Journal* 160(11):51-55, 1973.

The role of school personnel in identification of cases of child abuse is discussed. Schools can be an important

force in combatting child abuse, and school officials should establish policies and procedures for reporting child abuse cases. School personnel should be sensitized to their responsibility for reporting through educating school principals, consideration of the problem by teacher colleges and inservice training programs, and making sure that teachers know that reporting procedures are readily available. Several case examples of child abuse are reported. Four sources which provide information about child abuse and the role of the school in reporting abuse are listed.

**CD-01758**

Colorado Univ., Denver. Dept. of Pediatrics.  
**Factors Influencing the Development of the Abused Child.**  
Martin, H. P.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 139-162, 1976.

Some of the factors that may account for the extreme variability in the development of abused children are examined. These children may be retarded or bright. They may or may not have delays in motor, speech, or perceptual development. They may be withdrawn, oppositional, or gregarious social children. Six factors should be considered in understanding the variation in the effects of the abusive environment on the child. Many of these effects are not unique to the abused child, but apply to the development of the normal child as well. Three biologic factors that affect the course of the abused child are the inherent biologic equipment of the child; the nature and severity of the neurologic damage from the abuse; and other medical problems of the child such as poor health, undernutrition, or unattended illnesses. Three psychosocial facets of the abused child's life are also considered: the possibility of people, other than the nuclear family, having a salutary effect; the untoward effects of treatment regimes; and the various components of the abusive environment, especially neglect and deprivation. 61 references.

**CD-01759**

Colorado Univ., Denver. Dept. of Pediatrics.  
**The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment.**  
Martin, H. P.  
Cambridge, Mass., Ballinger Publishing Co., 304 pp., 1976.

A multidisciplinary study concentrates on the development and treatment of abused children. The environment of the abused child is considered, followed by an examination of the risk factors that identify children who get abused and that separate them from their siblings. The abused child at the time of injury is described, and the neurologic status of abused children is discussed. Speech and language, learning and intelligence, and personality are considered in separate chapters. Special problems in the assessment of development of abused children are evaluated, and ethol-

ogical methods of studying behavior and development of young abused children are discussed. In a separate section on treatment, the importance of an advocate for the abused child, the treatment of specific delays and deficits, foster placement, psychotherapy, crisis nurseries, residential family therapy, the effect of therapy for the parents on the abused child, and resistances and obstacles to therapy are considered.

**CD-01760**

Colorado Univ., Denver. John F. Kennedy Child Development Center.

**Nutrition: Its Relationship to Children's Physical, Mental, and Emotional Development.**

Martin, H. P.

*American Journal of Clinical Nutrition* 26:766-775, July 1973.

Animal and clinical studies have documented the effects of nutrition on the development of the central nervous system and the brain. Research in this area is reviewed in terms of the long-term effects on human development. Undernutrition in a child may indicate suboptimal parental care or a more pervasive inadequate family and social life. A child who appears malnourished may also suffer from maternal neglect or absence, even if an adequate dietary intake is maintained; deprivation-dwarfism represents another condition which may affect growth, independent of dietary considerations. In a study of 42 physically abused children, follow-up revealed that 33 percent of the children demonstrated a failure to thrive at the time of admission. Mental retardation was twice as frequent when failure to thrive accompanied physical abuse. Other reports in the literature corroborate the link between malnutrition and child abuse and neglect. 78 references.

**CD-01761**

Colorado Univ., Denver. Dept. of Pediatrics.  
**Which Children Get Abused: High Risk Factors in the Child.**

Martin, H. P.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 27-41, 1976.

Factors in a child which may place him at higher or lower risk of being abused are examined. The role of the child in the abuse syndrome is considered from 6 different perspectives: (1) attributes of the child which make him more difficult to care for or less capable of reinforcing good nurturance from parents; (2) chance events affecting the mother-child relationship; (3) disruptions in attachment; (4) unrealistic parental expectations; (5) the developmental level of the child; and (6) actions by the child which invite abuse. All adults have some potential to abuse their children. Components of this potential for abuse include impulse control, frustration tolerance, the tendency to act in order to solve conflicts, the presence of

other stresses in the environment, and the ability of the parent to altruistically and empathetically see the child's role as one which is not exclusively a means for gratifying the parent. 37 references.

**CD-01762**

Colorado Univ., Denver. Dept. of Pediatrics.

**Neurologic Status of Abused Children.**

Martin, H. P.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 67-82, 1976.

A 5-year follow-up study of abused children found 53 percent of 58 abused children with some neurologic abnormalities, of which 31 percent were moderate to severe and handicapping the everyday function of the child. The 58 children, while not a completely unbiased random sample of abused children, represented less severely injured children than most other studies. Thirty-one of the children had only soft tissue trauma, while the other 27 had histories of head injury, burns or fractures. Forty-three percent of the children with no history of head trauma manifested some neurologic dysfunction. Those children who had failure to thrive at the time of abuse were at greater risk of neurologic dysfunction and impaired intellectual function than better nourished children. Abused children are at greater risk of having learning disorders than their nonabused peers, and educationally handicapped classes are overrepresented by abused and neglected children. The importance of a multidisciplinary approach to abused children is stressed. Rather than considering neurologic pathology exclusively as a consequence of environmental events, it may be more helpful to view these deviations as a child's adaptation to his environment. 23 references.

**CD-01763**

Colorado Univ., Denver. Dept. of Pediatrics.

**The Environment of the Abused Child.**

Martin, H. P.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 11-25, 1976.

The predominant role parents play in a child's growth and development, and the awareness that it is the parent who must help the child negotiate the special conditions of his world, are discussed in a review of studies of the environment of the abused child. Characteristics of abusing parents are (1) immaturity and dependence; (2) social isolation; (3) poor self-esteem; (4) difficulty seeking or obtaining pleasure; (5) distorted perceptions of the child; (6) fear of spoiling the child; (7) belief in the value of punishment; and (8) impaired ability to empathize with the child's needs and to respond appropriately. Five different perspectives on the abusive parent are reviewed. A view of the abusive home from the child's perspective is pre-

sented. The child needs a stable and permanent love-object available to him, offering a satisfactory degree of gratification for his biological and emotional needs. Separation and individuation should be encouraged in the child. The abused child is in an environment where his parents neither offer relationships built on a firm concept of object constancy, nor encourage, support, or even allow adequate nondistorted individuation and separation by the child. The child's neurologic, cognitive, and emotional development are related more to the abusive environment in which he develops than to the effect of the physical assault per se. 14 references.

**CD-01764**

Colorado Univ., Denver. Dept. of Pediatrics.

**Therapy for Abusive Parents: Its Effect on the Child.**

Martin, H. P.; Beezley, P.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 251-263, 1976.

Some components of effective therapy for abusive parents, approaches for altering parent-child interaction, and specific guidelines for determining whether parents are able to provide an adequate home for their child are discussed. It is essential to involve more than one person in the treatment process, since a remedial parenting experience, as well as resolution of internal conflicts, is required. Treatment of abusive families requires much more outreach than traditional psychotherapy provides and requires a longer time. Hostilities of the parents toward the court or social agency and toward the therapist must be dealt with early in treatment. The clinician must provide nurturing, giving, and caring as part of a rational therapeutic program. Since therapy for the parents may result in no detectable changes in parent-child interaction, specific attention must be given to the abnormal parent-child relationship. This may be done by modeling appropriate adult-child interactions, classes in parent effectiveness training, group therapy, behavior modification, or family therapy. The parent must evidence improvement in his own psychological status and development of favorable attitudes and behavior toward his child to prove himself ready for adequate parenting. 14 references.

**CD-01765**

Colorado Univ., Denver. Dept. of Pediatrics.

**Foster Placement: Therapy of Trauma.**

Martin, H. P.; Beezley, P.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 189-199, 1976.

Foster placement for abused children is intended to provide the child with a safe home environment at a time of family crisis and emotional turmoil. The purpose of such placement is to ensure a child's safety while his home en-

vironment is being investigated, but the placement may be prolonged for months or years. Foster care may be used as an aid to diagnosis in cases of suspected neglect and as a therapeutic experience for the child. Child welfare agencies should become more critical in screening potential foster parents; if there are not enough foster homes available, an agency must look critically at its recruitment policies. Foster parents should be considered as part of a multidisciplinary therapeutic team, with consultative services provided and information shared freely. They should be given general education about the dynamics of abuse, treatment programs available, and child development. The foster parent should cultivate good relations with the biological parent, to whom the child will eventually return. 9 references.

**CD-01766**

Colorado Univ., Denver. Dept. of Pediatrics.  
**Resistances and Obstacles to Therapy for the Child.**  
Martin, H. P.; Beezley, P.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 265-273, 1976.

Some difficulties in teaching abused children are discussed, including parental apathy and resistance, resistance on the part of the child, countertransference feelings of the therapist, and resistance of professionals and agencies. Basic features underlying the resistance of abusing parents to obtain help for their children may include overwhelming social pressures, lack of emotional investment in the child, and deficient object relations. With abusive families the frequency and intensity of the resistance are greatly increased, so that parents sometimes break off treatment prematurely. Parents may be reluctant for their children to develop attachments to the therapist, or become jealous of the attention their child is receiving, or resent changes in their children. Therapy may stimulate a conflict in values and loyalties in the child that makes therapy difficult for him to use. The child's therapist must develop some type of alliance with the parents if treatment is to succeed. The therapist must be aware of countertransference complications with the child or parent.

**CD-01767**

Colorado Univ., Denver. John F. Kennedy Child Development Center.

**The Development of Abused Children. Part 2. Physical, Neurologic, and Intellectual Outcome.**

Martin, H. P.; Beezley, P.; Conway, E. F.; Kempe, C. H.

*Advances in Pediatrics* 21: 44-73, 1974.

A group of 58 previously abused children was followed for physical and intellectual development. At a mean 4.5 years after abuse, 5 percent were microcephalic, and 31 percent had heights or weights below the third percentile. In 53 percent there was some neurologic abnormality which was

classified as moderate or severe in 31 percent. Of the 19 percent who had had low birth weights, only one was mentally retarded; brain damage was not evident in any subject. The hypothesis that mental retardation or brain damage stemming from immaturity elicits abuse from parents is not supported. The IQ's of children with head trauma or residual neurologic deficit were significantly lower than those of the rest of the sample. Except for known brain damage, environmental factors were found to be significantly related to IQ scores. The implications for treatment are that the child should not return to a family in which abuse might recur, nor should he return to a family where the environment continues to be characterized by family instability, punitiveness, deprivation, neglect, poor nutrition, or emotionally disturbed parents. 30 references.

**CD-01768**

Colorado Univ., Denver. Dept. of Pediatrics.  
**Treatment of Specific Delays and Deficits.**

Martin, H. P.; Müller, T.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 179-188, 1976.

Many abused children have deficits and delays in learning, perceptual discrimination, motor skills, speech, and language; however, their developmental delays are often unrecognized or ignored because the critical issue of protecting the child from injury takes precedence. Since most professionals working in the area of child abuse do not have a knowledge of child development, child developmental consultation should be available to every agency that deals with abused children. Consultants should investigate the developmental status of the child, evaluate treatment options which help the child develop more normally, and consider developmental and psychological effects of treatment. The delays and deficits of many children are often remediated only by a stimulating environment and a good peer-group educational experience. Treatment should include both specific techniques to remediate the neurologic deficits, and exposure to activities that are designed to stimulate normal growth and development and that follow a normal developmental sequence. The therapist working with the abused child's neurological handicaps can and should function as a psychotherapeutic agent. Improvements in perceptual-motor development of abused children receiving tactile-kinesthetic treatment in the Preschool for Abused Children at the National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, are described.

**CD-01769**

Colorado Univ., Denver. Dept. of Pediatrics.  
**Learning and Intelligence.**

Martin, H. P.; Rodeheffer, M.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 93-104, 1976.

For most abused children, the development of intelligence is severely compromised and distorted. Neurologic handicaps which may result from abuse can cause mental retardation or compromise learning. In addition to structural central nervous system damage, the development of various ego and interpersonal skills is affected by the abusive home environment. Learning, competency, exploration, initiative, and autonomy are not valued in most abusive homes, and may in fact be the basis for physical assault by parents. Abused children often develop a marked fear of failure. It is important to appreciate the child's facility to adapt to an abusive home, rather than to evaluate his intelligence solely on the basis of test scores. Some adaptive maneuvers observed in abused children, such as hypervigilance, which may have high survival value in abusive homes are handicapping to learning. These adaptive modes often distort or limit the child's learning about himself, other people, and inanimate objects. The energy of the child is consumed with survival maneuvers and dealing with his anxiety, fear of assault, loss of parent and loss of love from the parent. It is yet to be learned how specific treatment programs interrupt this process and help the child to be more receptive to learning. 12 references.

**CD-01770**

Colorado Univ., Denver. School of Medicine.  
**The Psychological Impact of Abuse on Children.**  
 Martin, H. P.; Rodeheffer, M.  
*Journal of Pediatric Psychology* 1(2):12-16, Spring 1976.

The psychological status of the abused child is discussed. In addition to the medical and biological consequences of physical assault by a parent, there are serious psychological consequences of being reared in an abusive environment. Abuse is only one of many signs of an inadequate and distorted parent-child relationship. In the majority of instances, the environment of the abusive home also contains elements of deprivation, neglect, psychological disturbance in parents, sexual abuse, undernutrition, or other forms of unstable family function. Three aspects of the abusive environment which have an impact on the child and give rise to many psychological problems are examined: the hostile environment, the absence of love and nurturance, and the developmental delays which result. The abused child becomes hypervigilant as a means of survival adaptation. He develops a chameleon nature, shifting his own behavior in adaptation to the inconsistencies of his interpersonal relationships. There may also result a restriction of various autonomous ego functions. The abused child must learn to live in the atmosphere in which he is expected to fulfill the needs of his parent. In this role reversal, the preschool child may be expected to perform many parental functions. Deficits in gross motor development, speech, and language may result from lack of experience and stimulation. A number of psychological developmental stages are also delayed or distorted. 14 references.

**CD-01771**

Stoke Mandeville Hospital, Aylesbury (England). Dept. of Paediatrics.  
**Physical Effects and Symptoms of the Cycle of Rejection.**  
 McCarthy, D.  
*Proceedings of the Royal Society of Medicine* 67:1057-1061, October 1974.

The physical effects and symptoms in young children who have been emotionally rejected by their mothers are reviewed. Inadequate nutrition often accompanies emotional rejection, and it is often difficult to separate their effects. Some rejected children who are apparently well-nourished show growth rates which may be so subnormal as to constitute dwarfism. Remarkable spurts of growth may be seen after the removal of the child from the rejecting parent. Appetite perversions such as eating from dustbins, eating pets' food, and general scavenging are reliable indicators of parental rejection. Other clinical features of parental rejection include: circulatory changes in the extremities; alopecia; dull, cold, or dappled skin; bruises and other signs of rough handling; catatonia; a distended abdomen and celiac-type stools; an inability to play; subnormal or sub-potential intelligence; absence of attachment behavior when separated from the mother; and rapid disappearance of all the physical signs and symptoms under normal child care without a specific treatment. Character disorder and a history of rejection by her own mother are often found in the rejected child's mother.

**CD-01772**

**Legalized Child Abuse. (Editorial).**  
 McDaniel, C. G.  
*Progressive* 40: 12-13, January 1976.

The United States Supreme Court decision on corporal punishment in the schools is discussed. The American Psychological Association's council of representatives has opposed the use of corporal punishment in the schools. The resort to corporal punishment tends to reduce the likelihood of employing more effective, humane, and creative ways of interacting with children. The difference between spanking and abuse is one of degree. Only 3 states and a few local districts currently outlaw corporal punishment in the schools. Frequently it is inflicted for trivial offenses. The Court's decision has delayed the implementation of a more humane learning environment, and reinforces the cycle of school violence.

**CD-01773**

Education Professionals Development Consortium C, Houston, Tex.  
**Child Abuse: A Multidisciplinary Interagency Program for Identification and Referral. Final Program Status Report.**  
 McKenty, S. B.  
 Prepared for: Office of Education (DHEW), Washington, D.C., 170 pp., June 30, 1976.

The final report of a multidisciplinary interagency program for child abuse in Texas describes major efforts in 7 areas: providing continuing support to a variety of personnel who had implemented the "Lift A Finger" program; conducting workshops; providing preview materials and technical assistance to out-of-state organizations; producing materials for purchase or rental; field testing the final Teachers', Young Adults', and Citizens' Training Packages; planning with regional education and welfare personnel to ensure continuation of project activities during the subsequent school year; and planning with the Texas Education Agency and the Department of Public Welfare to secure agency support for the continuation of the project. All activities were on schedule and no new major problems appeared during the period covered by the report. A wide variety of attachments includes the coordinators' monthly reports, lists of those who have previewed and purchased the child abuse packages, a summary of project activities, various survey forms and summaries, and CANRIS reports.

**CD-01774**

Michigan State Univ., East Lansing. Dept. of Human Development.

**Arresting or Freezing the Developmental Process. Related Aspects in Developmental Psychology.**

McKinney, J.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 60-64, 1976.

Child abuse is discussed, not only as a disease, but as a learned behavior that can be replaced by new behaviors. Three modes of learning that are relevant to the issue of child abuse and neglect are learning by association, learning through outcome, and learning by observation. Learning through outcome uses the principle of reinforcement and deals with the effect that behavior has in changing one's environment. Reinforcement effects behavioral change in 2 ways: positive stimulation can enhance the likelihood of the behavior occurring subsequently and aversive stimulation can decrease that probability. Learning by observation deals with learning via the imitation of models. The likelihood of initiating modelling is enhanced when the model is powerful and is seen as a controller of important resources. Thus, parents, with whom children identify closely, can be effective models for teaching a wide range of behaviors, including the control of aggression; in fact, many abusive parents have themselves been abused children. Ten abusive mothers were tested for the presence of 18 personality traits and compared to a control group of mothers, matched for age, social class, and education. Abusive mothers had a low self-esteem, a low need for nurturance, a low family satisfaction, and scores revealing frustrated dependency needs. The abusive mothers' inability to empathize with their children is evidence of their own emotional deprivation.

**CD-01775**

Moses H. Cone Memorial Hospital, Greensboro, N.C. Child Abuse Task Force.

**A Community Approach to Child Abuse and Neglect.**

McNairy, D. M.; Sharpless, M.; Doyle, C.; Clifford, L. T. *Popular Government* 41:10-12, 14, Spring 1976.

The development and operation of the Child Abuse Prevention Services in a North Carolina community are described. In the formative stages, 4 committees were established: diagnostic and evaluation; treatment and development; education and training; and proposals. A multidisciplinary approach was used. A coordinator assumed responsibility of a given case. An intensive educational program was instituted in the community. Lawyers were involved as friends of the court on behalf of allegedly abused or neglected children. A 24-hour hot line was established, and the coordinator called meetings of the diagnostic and evaluation team as cases came to light. The voluntary team consisted of representatives from public health, mental health, and social services; the child abuse coordinator; and at least one physician. Other professionals were called on as needed in specific cases. Other activities include a Parents Anonymous chapter, parent aides, a crisis nursery, counseling, and family care.

**CD-01776**

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.

**Crisis Nurseries.**

McQuiston, M.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment.* Cambridge, Mass., Ballinger Publishing Co., pp. 225-234, 1976.

Experience at the National Center for the Prevention and Treatment of Child Abuse and Neglect has shown that a crisis nursery for abused children is a feasible operation valuable for both parents and child. Since child abuse occurs at a time of stress, the crisis center provides a safe environment for the child at a time when the chances of physical abuse in his home are increased. The Center is capable of dealing with the psychological stresses of the child, and the parents are capable of learning to anticipate those stressful times when it is best for their child to be separated from them, thereby preventing incidents of child abuse. The medical and developmental problems identified by the staff can be treated by community resources after the child is discharged. Guidelines must be established for accepting children and the means of referral. Administrative red tape should be kept to a minimum and few questions asked of the parents. The staff must be sensitive to what may be an unexpressed cry for help from the parents. 1 reference.

**CD-01777**

**Society's Problem With Children.**



Mead, M.

In: Westman, J. C. (Editor). *Proceedings of the University of Wisconsin Conference on Child Advocacy*. Wisconsin Univ., Madison. Extension Health Sciences Unit, pp. 10-33, 1976.

The problems of children over the past half century and the attempts of American society to deal with them are discussed. The concept is developed that many attempted solutions went astray because they only created new problems. Examples are: taking children out of jails and creating juvenile detention homes; the creation of juvenile courts to replace the regular courts; the creation of the junior high schools to reduce the size of high schools; and the creation of the suburbs to replace life in the cities. The importance of volunteers in service organizations is emphasized, and the need to compensate them for expenses incurred in the course of service is noted. The revolt against social workers, teachers, and ministers by the people they serve is lamented. An international children's year is suggested, and university Departments of Futurology are discussed. The need for an affluent society to give up some of its luxuries in order to meet some of the world-wide needs of people is stressed.

#### CD-01778

Medical Times.

#### Malpractice Decisions You Should Know About.

*Medical Times* 104(8):91-92, August 1976.

A malpractice suit for failure to investigate a possible case of child abuse is described. The suit was brought by the court-appointed guardian of an 11-month-old girl. She was treated by the physician for a comminuted spiral fracture of the tibia and fibula. No explanation for the fractures was offered by her mother. In addition, the child bore bruises and lacerations and had a linear skull fracture. The physician failed to order further x-rays and discharged the patient home, where she was subjected to further abuse. The trial court dismissed the complaint and the plaintiff appealed. The appeals court found that the physician was not remiss in failing to conduct further investigations, but the case was remanded for trial against the doctor and hospital for failure of their respective statutory duties to report. 2 references.

#### CD-01779

Office of Child Development (DHEW), Washington, D.C. **Current Status and Future Prospects for the Nation's Children and Their Families.**

Meier, J. H.

National Assoc. for the Education of Young Children 50th Annual Convention, Anaheim, Calif., 29 pp., November 13, 1976.

The activities of the Office of Child Development (OCD) in its role as child and family advocate are reviewed in a speech by the director of OCD and Chief of the Children's Bureau. One of OCD's greatest successes has been the

Head Start program; over 600 studies of Head Start have been conducted, many with highly favorable findings. A number of statistics and figures on social and familial changes are cited to support OCD's focus on the family. These statistics document the high mobility of the contemporary American family, the relative isolation of the nuclear family, and the breakdown of traditional family structures. OCD's Parent-Child Development Programs, operating on a demonstration basis, have been effective in improving parent-child interaction and enriching the early lives of children. A network of omnibus Neighborhood Family Development Centers (NFDC) and ways of implementing such a network are proposed. Such centers would provide preventive medical care; identify exceptional children; provide family support and parenting education; and serve as resource access centers and community activities centers.

#### CD-01780

Children's Bureau (DHEW), Washington, D.C.

#### Symposium on Prevention: Helping Parents Parent.

Meier, J. H.

In: *Proceedings of the First National Conference on Child Abuse and Neglect*. Regional Inst. of Social Welfare Research, Athens, Ga., (OHD) 77-30094, pp. 49-50, 1977.

In this introduction to a symposium on helping parents to parent, the magnitude and severity of child abuse and neglect are described and the need for public awareness is cited. The role of the symposium and its published reports in the sharing process among professionals is discussed. The need to help parents to parent better is urgent, because parents tend to parent as they were parented unless they are given better alternatives.

#### CD-01781

Strong Memorial Hospital, Rochester, N.Y. Dept. of Psychiatry.

#### Postpartum Psychiatric Syndromes.

Melges, F. T.

*Psychosomatic Medicine* 30:95-108, 1968.

A study of 100 multigravidous postpartum patients pointed to a syndrome comprised of feelings of shame, helplessness, and confusion. Lack of difference between these patients and control subjects in performance on serial-7 subtractions, digit span, and electroencephalogram frequency analyses discounted the presence of a toxic delirious state. Conflict over assuming the mothering role was a central precipitating stress. For the most part, this conflict stemmed from the rejection of the patient's own mother as an adequate model and distorted communications about infant care. Problems in maternal identification may be accentuated in the puerperium by the neonate's inability to provide feedback concerning the quality of his care. Ambiguities of infant care in early puerperium may be partly responsible for the high recurrence rate of postpartum distress in these women (43.5 percent). Primary hostility toward the infant was evident in 2.4 percent of the pa-

tients; 14.65 percent had fleeting thoughts of harming their infants. 27 references.

**CD-01782**

Washington School of Psychiatry, Washington, D.C. Special Projects Div.

**A Resource Guide to Child Abuse and Neglect. Training and Reference Material.**

Melmed, E. C.

Washington School of Psychiatry, Washington, D.C., 141 pp., Fall 1976.

A compilation of references and training materials on a variety of child abuse and neglect subtopics has been organized to assist trainers in selecting items for audiences working in the health, mental health, and education professions. The resource materials are listed according to 3 objectives for training: sensitivity, knowledge, and skill. Topics covered include the problem of child abuse and neglect; diagnosis and identification; therapeutic, rehabilitative, and corrective measures; the reporting process; services to parents and children; legislation and legal intervention; hotlines and clinics; newsletters, reports, and clearinghouses; current research; and prevention. The guide is divided into 6 sections: a basic library; prepackaged training materials; sources for assistance; resource materials for training programs, organized by subject matter; resource materials for training programs, organized by profession; and information concerning obtaining resource materials.

**CD-01783**

Metropolitan Washington Council of Governments, Washington, D.C.

**Child Abuse. A Current Study.**

Metropolitan Washington Council of Governments, Washington, D.C., 64 pp., March 1, 1977.

The legislative provisions and resultant emphases in child abuse prevention and treatment of the Washington area jurisdictions are discussed. The District of Columbia is studied, as well as Maryland (specifically, Montgomery and Prince George's Counties), and Virginia (specifically, the City of Alexandria, and Arlington, Fairfax, Loudon, and Prince William Counties). The causes of child abuse are surveyed, and the reporting requirements, investigation statistics, and court and other services provided are discussed. Recommendations include programs aimed at prevention; increased public awareness and understanding of the nature of child abuse; emphasis on increased reporting; a central registry; increased training for professionals in social services and the court system; development of parenting education programs for the general public; improved treatment programs for the abuser and for readjustment of the victim; adequate facilities for temporary or permanent care of the child in danger of abuse or neglect; and research into the causes and effective treatment of child abuse and neglect with rapid filtering of those findings to the professionals and the general public.

**CD-01784****Dealing With Child Abuse in a Unified Family Court.**

Minier, A.

*Creighton Law Review* 8(4):782-790, June 1975.

The judicial handling of child abuse cases would be significantly improved by the institution of a unified family court with broad original jurisdiction, autonomous administration, adequate auxiliary professional staff, and procedural safeguards for minors' rights, including mandatory right to counsel when the parents' and child's interests conflict. Such a unified family court would have jurisdiction over all parties involved in an abuse case in a single proceeding. The specialized family court judge, assisted by social work investigation of the family background and psychological evaluation of the parents, would be better able to make an informed and humane disposition of the case. Follow-up investigation of the case by the court's auxiliary professional staff could be ordered to ensure that the disposition serves the child's best interests. Such a system would be a great improvement over a traditional treatment approach to the problem of child abuse and neglect. A model act, called the Standard Family Court Act, was drafted in 1959 by the National Probation and Parole Association, with endorsement of the National Council on Crime and Delinquency, the U.S. Children's Bureau, and the National Council of Juvenile Court Judges. The state of Hawaii has enacted a family court plan, which is closest of all the states to the model act. Details of the Hawaii plan are described.

**CD-01785**

Cleveland Foundation, Ohio.

**Issues Related to Improving Society's Ability to Deliver Child Protective Services.**

Minter, S.

In: Proceedings of the First National Conference on Child Abuse and Neglect, January 4-7, 1976. Washington, D.C., National Center on Child Abuse and Neglect (DHEW), (OHD) 77-30094, pp. 43-47, 1977.

Child abuse and protective services provide a co-equal claim for social service funds. Protective services must be translated into administrative and budgetary terms. Protective services should not be defined as social services. To maintain credibility in the social service field, it is necessary to define protective service components and to itemize requests in clear administrative and financial terms. Child abuse and neglect is a community problem and the responsibility of the well-being of children should be shared by public social services and voluntary agencies. The right to treatment concept being developed in case law should be extended to include mandatory prompt service by both voluntary and public agencies for abused and neglected children with each community or region developing a written plan for providing protective services.

**CD-01786**

National Center for the Prevention and Treatment of Child

Abuse and Neglect, Denver, Colo.  
**Preschool for Abused Children.**  
 Mirandy, J.

In: Martin, H. P. (Editor). *The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment*. Cambridge, Mass., Ballinger Publishing Co., pp. 215-224, 1976.

The therapeutic value of a preschool setting for abused children between the ages of 2.5 and 5 is explored. Among the advantages of such an arrangement are respite for the parents, developmental stimulation, remediation of developmental lags and deficits, socialization, and help with personality traits. Characteristics observed in abused children in the therapeutic playschool established by the National Center for the Prevention and Treatment of Child Abuse and Neglect included overcompliance, hypervigilance, lack of separation anxiety upon leaving mother, indiscriminate displays of affection, and infrequent expression of anger or pain. Most of the children lacked basic play skills. Treatment goals for the child include establishment of a positive self-image and trust in other people; acknowledgement of his emotions; ability to vent aggressions and receive support in dealing with them; experiencing positive adult and peer interactions; learning how to communicate needs and feelings verbally; developing alternative and more acceptable means of coping behavior; and resolution of developmental lags. The teaching staff must be gentle, patient, and warm. The teacher should play with the child and model play for him, as well as encourage him to relate with other children. Much verbalization with children is necessary to provide communication skills, labeling information, and overall stimulation. The child should be regularly checked for nonaccidental trauma. Parents should be involved in school functions.

#### CD-01787

**American Custody Law: A Framework for Analysis.**  
 Mnookin, R. H.

In: Westman, J. C. (Editor). *Proceedings of the University of Wisconsin Conference on Child Advocacy*. Wisconsin Univ., Madison, Extension Health Sciences Unit, pp. 123-150, 1976.

A conceptual framework for the analysis of child custody law is presented, based on the distinction between 2 different functions which courts perform in custody disputes: the private dispute settlement function, and the child protection function. In most states, child custody cases may involve any of 4 aspects of custody law: divorce custody law; guardianship custody law; juvenile court neglect law; and the law related to involuntary termination of parental rights for purposes of freeing a child for adoption. An increasing number of courts use the best interests of the child standard for deciding custody cases. The best interests of the child standard is an indeterminate standard involving broad discretionary powers of the court. Its use in cases involving the child protection function is unjust and has unfortunate consequences for the children caught up in the foster care system. The use of indeterminate le-

gal standards contributes substantially to the failure of the foster care system. Criteria for rules for the settlement of both types of child custody cases are presented.

#### CD-01788

Massachusetts Society for the Prevention of Cruelty to Children, Boston. *Children's Protective Services. Issues and Case Examples From an Adolescent Group.*  
 Moffitt, D. M.

In: *Fifth National Symposium on Child Abuse*. Denver, Colo., American Humane Association, pp. 140-144, 1976.

Group sessions for abused, neglected, or deprived teenagers are especially effective in providing an outlet for pent-up frustrations and hostility, teaching them a new and more mature way to express their feelings and relate to others, and, in essence, teach them lifestyles which offer meaningful alternatives to their present experiences at home and in their communities. Perhaps the most important aspect of this type of intervention is the capability for breaking the cycle of generational abuse by developing self-esteem and the ability to relate to others. Planned activities and discussions are used in the sessions, where group leaders must constantly evaluate the level of group interaction, decide what is appropriate, and then plan the program accordingly. Such a group conducted for a 2-year period is described, illustrating limit-setting, handling parents, and putting the participants at ease.

#### CD-01789

Colorado Univ., Denver. Medical Center.

**Impending Child Abuse: Psychosomatic Symptoms in Adults as a Clue.**

Mogielnicki, R. P.; Mogielnicki, N. P.; Chandler, J. E.; Weissberg, M. P.

*Journal of the American Medical Association* 237(11):1109-1111, March 14, 1977.

Three cases are described in which adults involved in or threatened by the possibility of committing child abuse presented themselves to emergency departments with functional disorders. A 31-year-old man developed intermittent left precordial pain with radiation to the left shoulder area and acute weakness of the lower extremities. Physical examination and laboratory studies were negative, and psychiatric evaluation revealed intense fears over losing control and harming his 6-year-old son. A 24-year-old woman presented with diffuse complaints, including bilateral chest pain, headaches, weakness, dizziness, anorexia, paresthesias, and palpitations. These complaints proved to be functional, and 2 days after discharge she reappeared with the same complaints. Psychiatric investigation revealed that she had recently thrown her 2 small daughters against the wall. A 23-year-old man came to the emergency room with right-sided weakness. The work-up was negative, but a discussion of his family life indicated that he had been convicted 2 years earlier of child abuse. He had remarried and recently assumed responsibility for his 6-week-old infant 2 nights a week while his wife was at

work. It was during one of these nights that he experienced the onset of symptoms. The importance of all emergency room personnel being aware of the association between actual or potential child abuse and functional symptoms is stressed. 7 references.

**CD-01790**

McMaster Univ., Hamilton (Ontario). Dept. of Psychiatry. **Incest Syndromes: Observations in a General Hospital Psychiatric Unit.**

Molnar, G.; Cameron, P.

*Canadian Psychiatric Association Journal* 20(5):373-377, August 1975.

A review of 18 incest cases suggests that the incest syndrome is more frequent than is generally recognized, especially among mid-adolescent girls, the population at risk. In the group studied, the girls were 14-17 years old and the incestuous relationship had usually persisted for a number of years before disclosure. In all cases the marital and sexual relationships of the parents were dysfunctional and it was clear that the mother was aware of and tolerated the incestuous relationship. Disclosure of the situation was usually sufficient to prevent further incidents, as it disturbed the family's usual pattern of interrelationships. The most effective treatment usually included separation from the family, either temporarily or permanently. Short-term psychotherapy with long-term support by a social worker or a probation officer was the most successful approach to treatment. 11 references.

**CD-01791**

Congress of the United States, Washington, D.C. Senate.

**Symposium on Prevention: Helping Parents Parent.**

Mondale, W. F.

In: Proceedings of the First National Conference on Child Abuse and Neglect, January 4-7, 1976. Washington, D.C., National Center on Child Abuse and Neglect (DHEW), (OHD) 77-30094, pp. 51-53, 1977.

The passage of the Child Abuse Prevention and Treatment Act by a vote of 57 to 7 in the Senate and 35 to 36 in the House of Representatives indicated a bipartisan support rarely equalled even though the atmosphere at the time of passage was not conducive to major breakthroughs in children's legislation. Child abuse and neglect are nearly always symptoms of a family in trouble and nothing less than a concentrated effort to identify and head off the circumstances leading to abuse will offer the prospect of eliminating it in the future. Among the kinds of support needed to keep the family together and help it solve its problems is day care. In 1971 the Congress passed a bill designed to provide day care to children of needy families and it was vetoed by the President. Similar legislation is faced with resistance from conservatives. Help is needed to correct growing public misunderstanding. The challenge to those who are committed to ending child abuse is to prove that they are not simply indulging in a social fad.

**CD-01792**

Johns Hopkins Univ., Baltimore, Md. Dept. of Psychiatry. **The Syndrome of Abuse Dwarfism (Psychosocial Dwarfism or Reversible Hyposomatotropism). Behavioral Data and Case Report.**

Money, J.

*American Journal of Diseases of Children* 131(5):508-513, May 1977.

A case of psychosocial dwarfism in a severely abused boy is presented. During his childhood, neighbors and relatives sporadically complained of his maltreatment, but no effective action was taken until he was hospitalized at age 16 as a result of legal intervention initiated by the complaint of an older half-sister. At age 12 the police had discovered him nailed up naked, with his excrement, in a closet, but they took no action. At age 14, the history of abuse was recorded without subsequent action by the Division of Special Education, to whom the parents were forced to release him for a day of testing, because he had never attended school. His height at release from confinement at chronological age 16 was that of an 8-year-old and his weight that of 7 years 11 months. After 6 weeks living with a step-aunt his weight age was 9 years 2 months. Subsequent to the 6 weeks with his aunt, he was placed in a church-sponsored institutional community for the handicapped and retarded. His full IQ at the time of his hospitalization was 51, which increased over 7 years to 80. His speech was extremely difficult to understand initially, but gradually improved. As inferred retrospectively, the boy did not sleep regularly or soundly during his years of abuse, and the possible role of lack of sleep on the development of this syndrome is mentioned. Like other aspects of his development, his psychosexual development was retarded. 12 references.

**CD-01793**

Johns Hopkins Univ., Baltimore, Md. Dept. of Psychiatry and Behavioral Sciences.

**IQ Change Following Change of Domicile in the Syndrome of Reversible Hyposomatotropism (Psychosocial Dwarfism): Pilot Investigation.**

Money, J.; Annecillo, C.

National Institutes of Health Conference on Research in Child Abuse and Neglect, Bethesda, MD., 7 pp. June 17, 1974.

IQ changes among 16 patients with the syndrome of dwarfism characterized by reversible hyposomatotropism, occurring with child abuse and neglect, were measured before and after (2.5 to 8.25 years) relocation of domicile. Four patients showed complete remission of symptoms of impaired growth and behavior and had IQ increases of 29 to 55. Eight patients had increases of 2 to 14 and one showed no change. Three patients who showed persistent symptoms such as bedwetting, temper tantrums, hyperkinesis, and atypical food and fluid intake, had decreases of IQ from 1 to 12. Those children who were out of the home longer had larger increases in IQ. The role of environment in IQ is briefly discussed. 1 reference.

**CD-01794**

Johns Hopkins Univ., Baltimore, Md. Dept. of Psychiatry.  
**Child Abuse in the Syndrome of Reversible Hyposomatotropic Dwarfism -- Psychosocial Dwarfism.**

Money, J.; Needleman, A.

*Journal of Pediatric Psychology* 1(2):20-23, Spring 1976.

The clinical characteristics of abuse-dwarfism (psychosocial dwarfism) are reviewed. This syndrome is caused by reversible hyposomatotropinism, and is analogous to idiopathic hypopituitary dwarfism. The latter is partially corrected by replacement hormone therapy, but abuse-dwarfism requires only a change in domicile for complete reversal. The diagnosis is confirmed when the abused, dwarfed child, after admission to the hospital, demonstrates a resumption of growth hormone secretion and a remarkable catch-up growth. Behavior pathology related to abuse dwarfism, and the etiologic analogy with Munchausen's syndrome are discussed. 4 references.

**CD-01795**

Johns Hopkins Univ., Baltimore, Md. Dept. of Psychiatry and Behavioral Sciences.

**Late Puberty, Retarded Growth, and Reversible Hyposomatotropinism (Psychosocial Dwarfism).**

Money, J.; Wolff, G.

*Adolescence* 9(33):121-134, Spring 1974.

A series of 12 children with retarded statural growth associated with reversible somatotrophic deficiency (psychosocial dwarfism) were studied before or on admission to the hospital and after some period of removal from the growth-retarding home environment. One case is presented in greater detail. Laboratory findings of hypopituitarism, present before or on admission to the hospital, disappeared as early as 2 weeks after the start of treatment. All patients had histories of abnormal psychosocial behavior and motor retardation as well. All improved after leaving the environment of growth retardation, and elevations of IQ by as much as 30-50 points were observed. Data pertinent to the onset of puberty indicated that the more advanced the age of the child before leaving the growth-retarding environment, or while remaining in it, the later the onset of puberty. Findings relating to adolescent psychosexual behavior were incomplete, but the patients appeared to be postpubertally hyposexual and somewhat apathetic and inert erotically. One 16-year-old boy was removed from a home in which he suffered extreme neglect, deprivation, and cruelty. When first seen 6 weeks after removal from the home, he had a height corresponding to 8.5 years and a bone age of 11.5 years. He had gained 10 pounds in weight during the first 6 weeks away from his home. There were no clinical signs of puberty. Ten months later he had grown 4 inches and gained 10 pounds and displayed signs of puberty. At the time of the most recent interview, the boy was almost 19 years old and had the appearance of being 2 or 3 years past puberty. He was 62.25 inches tall and weighed 100 pounds and had developed secondary sex characteristics. He was appealing and friendly in manner

and had none of the hyperkinesia and hypomanic tendencies previously evident. 12 references.

**CD-01796**

National Society for the Prevention of Cruelty to Children, London (England).

**Yo-Yo Children.**

Moore, J. G.

*Nursing Times* 70(49):1888-1889 December 5, 1974.

An English study of 23 cases of violence between parents uncovered a group of children of which professionals in the health sector should be aware. These children are subjected to emotional battering as a result of persistent marital conflicts and the ensuing cycles of parental separation and reunification. Health personnel should pay particular attention to families which exhibit constant movement after matrimonial rows, children who appear withdrawn and shun attention, children who are unstable and occasionally burst into unprovoked periods of temper or naughtiness, older children who have periods of school truancy when they are caring for younger siblings, and intelligent children who underachieve at school. There is reason to believe that the patterns of the 'yo-yo syndrome' are repeated by children when they grow up. 1 reference.

**CD-01797**

National Society for the Prevention of Cruelty to Children, London, England.

**Yo-Yo Children -- Victims of Matrimonial Violence.**

Moore, J. G.

*Child Welfare* 54(8):557-566, September-October, 1975.

The term 'yo-yo children' refers to children who are victims of matrimonial violence. The significant features of the yo-yo syndrome include: restlessness and violence on the children; the role played by the grandparents, who may contribute to the marital strife; and the psychopathology of the parents, who tend to have low morale and feel threatened by their partner. The effects of marital violence on the children are divided into 4 categories: scapegoating, turning against self, school problems, and the use of the children as pawns in their parents' battles. Flexibility is encouraged in treating the family, with the worker dealing directly with the children and acting as an interpreter to the child, in order to establish a sense of security. 7 references.

**CD-01798**

Colorado Univ., Boulder. Dept. of Education.

**The Battered Child in the Classroom.**

Morgan, S. R.

*Journal of Pediatric Psychology* 1(2):47-49, Spring 1976.

Some of the characteristics of the battered child in the classroom are discussed. While there is no specific profile, 3 factors are prominent consequences of abuse: 31 percent of abused children 4.5 years of age have significant neuro-

ogic damage, and in all cases, learning and emotional behavior is affected; both neglected and abused children suffer greater deficits in ego functioning; and abused children removed from the home have greater difficulty in establishing object constancy and a sense of security, both of which are necessary ingredients in the learning process. In school, battered children are fearful, clinging, and aloof with their peers. With the teacher, they oppose control, are manipulative, unresponsive to praise, and apathetic toward things most children their age enjoy. The abused child is rigid and literal in orientation and uses excessive avoidance and denial in anxiety-provoking situations. Corporal punishment in schools compounds the problems of the abused child. Workshops should be conducted to help teachers understand how and to what degree the symptoms resulting from abuse interfere with the learning process. Special education teachers should be approached first because of the greater number of abused children likely to be in their classes. 24 references.

**CD-01799**

Ross Clinic, Aberdeen (Scotland).  
**Crisis Intervention. Studies in Community Care.**  
 Morrice, J.K.W.  
 New York, Pergamon Press, 119 pp., 1976.

Crisis theory and crisis intervention are discussed, with emphasis on the part that can be played by nonpsychiatrists. After an exploration of what constitutes an emergency and a discussion of crisis theory, a variety of crisis situations are described in anecdotal fashion: child abuse, marital strife, old age, the crisis of bereavement, the adolescent, the shoplifter, and crisis at school. The role of each of several professionals is examined: family doctor, social worker, probation officer, school teacher, clergyman, nurse, policeman, and lawyer. The chapter on child abuse describes a typical case, in which the third child of a couple married at a young age was beaten by his father, who himself had grown up physically abused by his father. The history of a fall from a highchair was inconsistent with the types of bruises observed, and radiologic examination revealed several old fractures in various stages of healing. A history of recent financial hardship and marital stress was elicited. The mother was hospitalized because of acute anxiety and depression, and all 3 children were taken into protective custody.

**CD-01800**

Children's Hospital of Philadelphia, Pa.  
**Role Reversal: A Concept in Dealing With the Neglected-Battered-Child Syndrome.**  
 Morris, M. G.; Gould, R. W.  
 In: *The Neglected Battered-Child Syndrome: Role Reversal in Parents.* New York, Child Welfare League of America, Inc., pp. 26-46, 1963.

The neglected-battered-child syndrome is an identifiable form of social retardation expressed by parental role incapacity. Role reversal is a constant social factor that identi-

fies the presence of abuse and neglect. Services constructively placing parents in contact with those who exercise nurturing parental roles are most effective in protecting children and in promoting public health. Research is necessary to distinguish those parents who can be helped from those who cannot. 42 references.

**CD-01801**

Brandeis Univ., Waltham, Mass.  
**Welfare Reform 1973: The Social Services Dimension.**  
 Morris, R.  
*Science* 181-515-522, August 1973.

The federal Allied Services Bill proposed by the Department of Health, Education, and Welfare (DHEW) in 1972, and the 1970 reorganization of Massachusetts health and welfare agencies are reviewed to illustrate welfare reform efforts being undertaken in 1973. The pending federal legislation was deficient in terms of inconsistency of purpose, ambiguity of the service concept, dependence on state responsibility, and failure to define populations at risk. The objectives of public social services are restated and related to the realities of the at-risk target populations in a moderate and attainable fashion. A composite target population is proposed, which permits the dimensions of the public social service program to be outlined and then reorganized by a central function, rather than by coordination among conceptually unrelated units. The unsystematic listing of service programs is regrouped into a limited number of service functions, each of which has a relatively well defined function and permits measurement. The aims, service typologies, and populations at risk are developed in coherent and consistent relationship with each other. These steps are consistent with preliminary actions already taken by DHEW and by some state superagencies. 8 references.

**CD-01802**

Ohio State Univ., Columbus. Div. of Pediatric Surgery.  
**Child Abuse.**  
 Morse, T. S.  
*Continuing Education* 40-42, May 1975.

The clinical presentation, epidemiology, treatment, and future of child abuse are briefly discussed. Most abused children are under 5 years of age, are usually abused by their parents, and are slightly more often abused by their mothers than by their fathers. The most important clues to suspecting the diagnosis are a discrepant history and the appearance of repeated episodes. The most common physical finding is the combination of bruises with evidence of poor hygiene, malnutrition, or anemia. Bruises are often in varying stages of healing. Fractures of the skull, ribs, or long bones are common. Nearly all skull fractures in children under 12 months are the result of abuse. Burns are also common. Lacerations of abdominal organs are particularly serious injuries. The behavior of the child, as well as that of the parents, may also suggest a diagnosis of abuse. All 50 states now require the reporting of suspected

child abuse, and in most communities the reports are made to the child protection unit of the county social service agency and the juvenile bureau of the police department. A period of separation from the abuser is advised in most instances, although the ultimate treatment goal is to return the child to a safe home environment. Many parents need help in noting the difference between discipline and abuse, particularly if they have been raised in a stern or abusive environment. A minority of abusers are incurably sociopathic or psychotic. Early identification, premarital counseling, development of community resources for emergency care, and formation of parent groups may help to interrupt the cycle of child abuse. 5 references.

**CD-01803**

Oklahoma Children's Memorial Hospital, Oklahoma City, Child Study Center.

**Psychological and Behavioral Characteristics of Abused Children.**

Muir, M. F.

*Journal of Pediatric Psychology* 1(2):16-19, Spring 1976.

Studies on the psychological and behavioral characteristics of abused children are reviewed, and 2 illustrative case histories are presented. One of the inherent difficulties in child abuse research is establishing which characteristics of the abused child were present prior to the abuse and which were the result of the abuse. Abused children tend to exhibit one or a combination of the following psychological and behavioral characteristics: regressive or immature behavior, such as thumb-sucking, over-dependency, crying, and withdrawing from physical touch; aggressive acting-out behavior, with frequent temper outbursts, hostility, and rejection of human contact; and impairment in intellectual, emotional, and social development reflected by poor peer relations, inadequate social skills, and emotional isolation. The treatment approach in one study involved initially sustained, nurturant contact with a nurse in a mothering role. After the child moved from passivity to increasingly active behavior where he clung to everyone available and was excessively over-dependent, another nurse was introduced who was more active and directive in her role. Another approach is to work with abused children in a teaching framework, in which they relearn basic behavioral mechanisms for interacting with other people. 23 references.

**CD-01804**

Massachusetts Society for the Prevention of Cruelty to Children, Boston.

**Emotional Neglect of Children.**

Mulford, R. M.

Denver, Colo., American Humane Association, 10 pp., undated.

The clinical aspects of emotional neglect are described, as well as casework treatment in such cases, and some of the legal problems involved. Emotional neglect is defined as the deprivation suffered by children when their parents do

not provide opportunities for the normal experiences producing feelings of being loved, wanted, secure, and worthy, which result in the ability to form healthy object relationships. Casework in such cases frequently begins after the family is referred because of the more obvious physical factors indicating neglect. Treatment based on both the parents' and the children's needs is directed toward helping parents to feel concern about what is happening to their children and to develop motivation to change their attitudes and care. Parents are helped to see that damage occurs when children feel unloved and unwanted even though the parents have the capacity and the wish to give love. The legal attitudes and problems associated with emotional neglect are complex. Some communities still place emphasis on proving the parents guilty of willful neglect rather than on treatment.

**CD-01805**

Massachusetts Society for the Prevention of Cruelty to Children, Boston.

**Protective, Preventive Services -- Are They Synonymous?**

Mulford, R. M.

In: *Protective -- Preventive Services. Are They Synonymous?* Denver, Colo., American Humane Association, pp. 7-16, 1969.

The differences between protective and preventive services are discussed. Although both deal with similar types of problems and similar client personality characteristics, the purpose of protective service is to discharge community responsibility for safeguarding the welfare of children whose parents are unable to do so. Preventive services are services which would presumably be sought by parents who are aware of difficulties and who wish to forestall further problems. They may be in the form of community outreach, and they differ from protective services in that the care of the children has not reached the stage where the community has a responsibility to intervene on behalf of the children. The important distinctions are (1) the facts of neglect or abuse are observed by someone usually outside the family; (2) parents are unwilling to use voluntary social services which would have prevented the neglect; and (3) legitimate intervention on behalf of children is made when they are apparently suffering from the effects. Indications for future directions in providing both protective and preventive services are presented from the standpoint of the private protective service agency. The role of the private agency is differentiated from that of the public agency, and the necessity for joint efforts is emphasized. Preventive services have been mainly in the domain of private agencies, because the pressing need for child protective services is so overwhelming that such services must be a public agency priority. 1 reference.

**CD-01806**

Massachusetts Society for the Prevention of Cruelty to Children, Boston.

**Psychosocial Characteristics of Neglecting Parents. Implications for Treatment.**

Mulford, R. M.; Cohen, M. I.

In: *Neglecting Parents. A Study of Psychosocial Characteristics.* Denver, Colo., American Humane Association, pp. 5-20, May 25, 1967.

From January 1, 1965 to March 31, 1966 questionnaires were distributed to caseworkers with the Massachusetts Society for the Prevention of Cruelty to Children. The Client Psychosocial Characteristics form was created to sample various dimensions of each client via questions concerning 25 topics. Data were gathered for 1,401 heads of 959 families. Data on income-level and education indicate that socioeconomic opportunities are essentially closed for the neglecting parent. The neglecting parents were characterized by low motivation, low social participation, high residential mobility, poor self-image, and immaturity. The results are discussed in terms of the treatment of the parents, including the need for realistic goals, obtaining the basic needs of the family, communicating with the family, improving the self-image of the parents, and improving interpersonal relationships in the family.

**CD-01807**

Coney Island Hospital, Brooklyn, N.Y. Dept. of Medical Nursing Services.

**Child Abuse. Our Responsibility.**

Mundie, G. E.; Fontana, V. J.

*Journal of Practical Nursing* 24(12):14-17, December 1974.

A representative case report of an infant who eventually died from injuries sustained as a result of repeated maternal abuse points out a major problem in existing hospital procedures for the detection of child abuse and neglect. The licensed practical nurse's understanding of the problem depends on one's ability to view situations from the standpoint of the abusing parent and the realization that the maltreatment syndrome is a disease syndrome which afflicts families from all socioeconomic areas and which may be alleviated only by treatment, not punishment. Since the nurse is responsible for the direct care of the patient, he or she must be alert to the applicable laws, patterns in physical symptoms, behavioral characteristics in the child, and parental behavior. Sometimes the nurse may be forced to confront and challenge the biases in physicians' attitudes. The New York Foundling Hospital Center's Temporary Shelter Program offers a model approach to treatment. Both parents and children are treated in a home-like atmosphere by a multidisciplinary team consisting of professional and nonprofessional members. The program offers a crisis hot line and intensive inpatient as well as outpatient crisis therapy. Treatment is aimed toward helping the parent recognize his problems, cope with them successfully, and finally returning to the community as an effective, functioning parent. 2 references.

**CD-01808**

Ohio State Univ., Columbus. Mershon Center.

**Child Maltreatment in the United States. A Cry for Help and Organizational Response.**

Nagi, S. Z.

Prepared for: Children's Bureau (DHEW), Washington, D.C., 261 pp., 1976.

In response to certain deficiencies in areas of information concerning policies and programs dealing with child abuse and neglect, research was undertaken to (1) gain an analytical, nationally representative picture of the organization of the appropriate services and control mechanisms; (2) identify limitations and strengths in the structure and performance of such programs; and (3) prepare recommendations for improving the identification and control of the problem. The study was conducted via interviews and observations of activities at abuse and neglect treatment facilities, surveys of representative social service, legal, and medical agencies, and formulation of policies and program planning. Some general conclusions include (1) knowledge about primary prevention remains to be developed; (2) identification and reporting in the U.S. is irregular; (3) crisis intervention is usually left to the police and is in need of further development; (4) deterrent and therapeutic approaches should be balanced; (5) many children at risk are not removed from troubled homes soon enough; (6) the services currently extended to children need to be reassessed; (7) a reassessment of the quality of information disseminated at training workshops is needed; (8) unequivocal guidelines on service and legal aspects of programs need to be developed; (9) interagency coordination at the case management level has been established in areas serving only 15.6 percent of the population; (10) agency personnel lack confidence regarding their agency's overall effectiveness. Numerous references.

**CD-01809**

Hawaii Family Stress Center, Honolulu.

**Dynamics of Child Abuse and Neglect. Instructor's Training Manual.**

Naki, B.

Hawaii Family Stress Center, Honolulu, 192 pp., 1976

This manual contains 5 teaching units which describe the profile of the abusive parent, differentially characterize the abused from the normal child, identify community resources which are useful to abusive families, and describe the role of the helping person in abuse and neglect cases. The manual was designed for a 7-week training program presented in a seminar-lecture format, utilizing audiovisual materials and guest lecturers from the community. An awareness level assessment test for each of the 5 major units of the course is incorporated to follow the progress of the student. Selected reading material, case study presentations, and role plays are utilized.

**CD-01810**

National Center for Comprehensive Emergency Services to Children, Nashville, Tenn.

**Comprehensive Emergency Services. Training Guide.**

National Center for Comprehensive Services to Children, Nashville, Tenn., 236 pp., 1976



The Comprehensive Emergency Services training manual was developed to teach individuals with a tenth to twelfth grade education to be caretakers or homemakers and to help train child protective service staff with bachelor's degrees to assume specialized roles. The material is oriented toward meeting the emergency needs of families, as well as children, by developing an understanding of family crisis and its implications, encouraging the development of skills necessary for providing practical, tangible emergency services, and emphasizing the significance of coordinated and continuing service delivery. The manual is organized into sections containing (1) a unit for each of the service components, (2) suggested training modules, (3) training materials, and (4) an annotated bibliography. Each training module includes a statement of objectives, materials, preparation, and procedure. Definitions of terms used throughout the manual and a list of resource organizations are appended. Transcripts of the sound tracks of 3 audiovisual presentations are included in the manual. Several role plays and a case example are integrated into the training program.

**CD-01811**

National Center for Comprehensive Emergency Services to Children, Nashville, Tenn.  
**Comprehensive Emergency Services. Community Guide.**  
 Prepared for: Children's Bureau (DHEW), Washington, D.C., 210 pp., 1975.

Growing out of the experience of developing Comprehensive Emergency Services (CES) in the metropolitan Nashville area, this guide was prepared to assist communities in developing a program of CES to serve children and families in crisis. CES contains elements of both protection and prevention with the family as the focal point. Preservation of an intact family is the primary objective. The first section of the guide deals primarily with the development of CES, beginning with a brief description of metropolitan Nashville before and after CES. Subsequent chapters deal with administrative aspects, evaluation of existing programs and program needs, planning for the development of each component, and working with the political system. The second section describes more specifically the operational aspects of each component of the Nashville CES and includes a chapter on Emergency Neighborhood Crisis Centers established in Buffalo, New York. Topics considered in these chapters are purpose and philosophy, specific services provided, procedures, personnel recruitment, and coordination. The final section includes information on pertinent legislation, various program forms, and a brief description of the National Center for CES.

**CD-01812**

National Center for Voluntary Action, Washington, D.C. Technical Services Div.  
**Volunteers in Child Abuse Prevention Programs.**

National Center for Voluntary Action, Washington, D.C. 21 pp., June 1976.

Examples of child abuse and child protection programs which show the range of volunteer activities in use are presented. In some cases, volunteers became involved in an existing child protection program; in others, they established a new project. Frequently, professional social workers, psychologists, physicians, nurses, and lawyers provide program planning, training, and guidance to volunteers. Continuous in-service training for volunteers is stressed by most coordinators. Volunteers operate public education programs, lobbying and research for better legal management of child abuse and neglect, and supportive activities for parents. Volunteers also operate hot lines and temporary crisis facilities. A brief list of national resource groups that provide technical assistance, publications, audiovisual aids, and other kinds of help is appended.

**CD-01813**

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.  
**How to Plan and Carry Out a Successful Public Awareness Program on Child Abuse and Neglect.**  
 National Center on Child Abuse and Neglect (DHEW), Washington, D.C., (OHD) 76-30089, 92 pp., 1976.

This manual, intended for public and private agencies working in the field of child abuse and neglect prevention and treatment, offers guidelines for the development of a public awareness campaign that is responsive to local needs and the specific objectives of individual organizations. The need for defining the audience and objectives of a program is discussed, as well as budgeting information. Suggestions are offered for dealing with the media, writing fact sheets and news releases, the use of feature stories and photographs, and the effectiveness of letters to the editor and news conferences. Other topics discussed include small newspapers, ethnic media, underground newspapers, the broadcast media, leaflets, brochures, posters, direct mail, advertising, free space and services, speakers bureaus, public relations advisory committees, other community agencies and groups, and the use of volunteers. Not infrequently a local tragedy may set the scene for significant action. Suggestions regarding evaluation of the effectiveness of the campaign are also included. A resource section consists of a catalog of existing public awareness materials and information regarding where they may be obtained.

**CD-01814**

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.  
**Planning and Implementing Child Abuse and Neglect Service Programs: The Experience of Eleven Demonstration Projects.**

National Center on Child Abuse and Neglect (DHEW), Washington, D.C., (OHD) 76-30093, 155 pp., June 1976.

This manual is based on the experience of 11 jointly funded child abuse and neglect demonstration projects and is intended to assist individuals planning or operating service programs in child abuse and neglect. The initial chapter deals with planning the program, and includes such steps as needs assessment, problem selection, problem analysis, intervention selection, implementation, and evaluation. Other areas considered include definition of program goals, program models, treatment strategies, case management, monitoring program resources, and community activities. An important service that new programs offer is the development of a personal relationship with the families involved, to increase their self-esteem and help provide the motivation necessary to change behavior. Case studies of 4 projects are presented: the Family Center of Adams County, Colorado; Pro-Child of Arlington, Virginia; the Arkansas Child Abuse and Neglect Project in Little Rock; and the Family Resource Center of St. Louis, Missouri. An appendix lists books and reports which clarify and supplement the topics discussed.

**CD-01815**

National Research Council, Washington, D.C. Advisory Committee on Child Development.

**Toward a National Policy for Children and Families.**

Washington, D.C., National Academy of Sciences, 133 pp., 1976.

Four tasks presented to the Advisory Committee on Child Development are discussed: review the combination of the unmet needs of and the unrealized opportunities for child development up to age 8; develop the goals and essential features of an integrated national policy for child development; assess the implications of scientific knowledge for public policy; and recommend new program initiatives within both the Office of Child Development and other federal agencies having responsibilities for the development of children. Committee problems concerned the utilization of current scientific knowledge about child development processes to enhance the development of needy American children. The federal government should develop a comprehensive national policy for children and families, the essential components of which should include employment, tax, and cash benefit policies that assure each child's family an adequate income; a broad and carefully integrated system of support services for families and children; and planning and coordination mechanisms to ensure adequate coverage and access of families to the full range of available services. Specific policies and programs on economic resources, health and health care, child care, special services, and the delivery of services are recommended to implement this national policy.

**CD-01816**

National Society for Prevention of Cruelty to Children, London (England). Dept. of Battered Child Research.

**At Risk.**

London, Routledge and Kegan Paul Ltd., 246 pp., 1976.

Established in 1968, the Battered Child Research Team undertook a demonstration therapeutic study utilizing a whole-family approach to treatment. A retrospective study of 78 cases of battered children was conducted in the first 12 months to ascertain effective methods of case management. A sample study group drawn from the overall target population consisted of 25 families, all referred because of a specific battering incident. Intensive long-term therapy and analyses of the families are described. Findings suggest a multi-causal model in which a constellation of factors combine to form a dangerous compound. More important factors include the emotionally demanding childhoods of abusive parents, marital discord, social isolation, unwanted pregnancy, and economic stress. Recommendations for treatment include the introduction of initial intensive nurturing relationships, development of more special treatment centers, the establishment of groups to prevent social isolation, therapeutic day care, mandatory review of cases, and greater attention to children's rights and child protection. Chapter discussions cover (1) methods used in the study; (2) injuries and diagnoses within the sample; (3) composition of the sample; (4) background characteristics of the children; (5) background characteristics of the parents; (6) overall management of cases; (7) legal protection of the children; (8) therapeutic relationships; (9) use of other workers; (10) evaluation of the progress in families; and (11) psychological evaluation of the parents and the children. Future research needs are also briefly considered. 177 references.

**CD-01817**

National Society for the Prevention of Cruelty to Children, London (England).

**NSPCC 1975 Annual Report.**

National Society for the Prevention of Cruelty to Children, London (England). 15 pp., 1975.

A discussion of casework, a few representative cases, and the growing problem of children left unattended are discussed in the annual report of the National Society for the Prevention of Cruelty to Children. Work by the National Advisory Centre on the Battered Child; work in the area of training, emergency relief and welfare, and voluntary support; and yearly income and expenditures are reviewed. Children's expression through drawings and paintings is also discussed.

**CD-01818**

Naval District (5th), Norfolk, Va.

**The Military Family Alone-Together, A Unique Life Style.**

Proceedings of the First Annual Joint Conference on the Military Family, Norfolk, Va., May 19-21, 1976, 27 pp., 1976.

The major discussions presented at the First Annual Joint Conference on the Military Family are summarized. One session was devoted to child abuse in military and civilian families. The 1975 Virginia child abuse reporting law is briefly discussed, and the multidisciplinary child advocacy committee at the Navy Regional Medical Center in Norfolk, Virginia is described. Military families may encounter stress due to their unique lifestyle, which may cause an increased incidence of child abuse. Factors which may contribute to family stress include frequent family separations, financial problems, frequent moves, high rate of alcoholism, and isolation from the extended family. Other topics discussed at the conference include family separations and reunions, crisis intervention in military life, family life centers in the military, sexual therapy with military couples, financial counseling, and the child in the military family.

**CD-01819**

Social and Rehabilitation Service (DHEW), Washington, D.C. Community Services Administration.

**Trends and Dilemmas in Child Welfare Research.**

Neel, A. T.

*Child Welfare* 1(1):25-32, January 1971.

In the recent past the classical boundaries defining child welfare research have been encroached by a constellation of social and governmental forces. The role of research is to operate at the frontiers of knowledge, anticipating problems and their solutions. Research requires a lead time of 4 to 5 years to produce the necessary facts which initiate the cyclical process consisting of fact finding, application of principles, and examination of the impact of applied principles. Trends in the sphere of classical services such as financial assistance, casework, homemakers service, emergency service, family planning, day care, group day care for infants, parenting education, and substitute care are summarized. New areas of interest in child welfare services have concentrated on innovative service delivery techniques aimed at special client groups, community representation in program design, and the utilization of paraprofessionals in the service delivery system. Areas of study arising from previous research are detailed. 32 references.

**CD-01820**

Children's Hospital National Medical Center, Washington, D.C.

**Care of the Hospitalized Abused Child and His Family: Nursing Implications.**

Neill, K.; Kauffman, C.

*MCN* 1(2):117-123, March-April 1976.

Traditional orientations concerning the identification, assessment, management, and prevention of child abuse have highlighted its medical, social, and legal aspects; little

in the way of identification of the nurse's role has been established. The role and responsibility of the nurse in a hospital setting are explored. The elements of the recommended nursing care plan include considerations of patient orientation to the hospital's child abuse unit, continued nursing evaluation, consistent nursing care, child preparation for hospital procedures, management of the child's behavior, management of parental behavior, safeguarding confidentiality, and preparation for discharge or placement. 6 references.

**CD-01821**

Newcastle upon Tyne Univ. (England). Dept. of Child Health.

**Family Factors Affecting Child Development.**

Neligan, G. A.; Prudham, D.

*Archives of Disease in Childhood* 51(11):853-858, November 1976.

In addition to social class, as determined by the father's occupation, a number of other family factors affecting child development were recorded by health visitors and school nurses for a large group of children. The children were assessed in terms of nonverbal IQ and height at the ages of 5 and 10 years, and of behavior as reported by the teacher at age 10 years. Family factors included the number of older children, mother's care of the child at the age of 3 years, prolonged absence or incapacity of either parent, contact with specified social agencies, and the number of immunizations by the age of 5 years. By analysis of variance, the sum of the independent effects of the other family factors greatly outweighed that of occupational social class, except in the case of the IQ at age 10. The most important of the other family factors was the quality of the mother's care for her child during the first 3 years of life. 14 references.

**CD-01822****Child Abuse: The Legal Framework in Nebraska.**

Nelsen, S. H.

*Creighton Law Review* 8(4):771-781, June 1975.

Nebraska statutes are analyzed in light of child protection being the prime objective of child abuse legislation. Rather than a unified approach, the Nebraska statutes provide 5 unrelated approaches to deal with the child abuse problem: criminal liability for assault injuries or death; neglect statutes delineating juvenile court jurisdiction; cruelty statutes; mandatory reporting laws, which impose a duty on all persons in the state to initiate action against abusing parents; and a statute authorizing participation by the welfare departments. The statutes often conflict in coverage and procedure, and none of them satisfactorily emphasizes the major objective of child protection. Revisions of the juvenile court system law might best improve the Nebras-

ka system, because that appears to be the most effective means of protecting abused children. Because the reporting statute is the only recent legislative response to child abuse in Nebraska, and because it initiates action in abuse cases, it would appear to have potential as a unifying law. A purpose or policy statement could possibly serve to unify and integrate the legal mechanism and to channel each incident through that mechanism.

**CD-01823**

New Jersey State Div. of Youth and Family Services, Trenton.

**A Manual of Staff Development and Training in Protective Services for Provider Agencies.**

New Jersey State Div. of Youth and Family Services, Trenton, 168 pp., 1975

The training program for protective service workers in New Jersey is outlined. Trainees are introduced to the problem of abuse and neglect and the characteristics of abused children as well as abusive parents. The role of the Division of Youth and Family Services, its relationship to other agencies, and interagency cooperation are explained. The legal aspects of protective services, which include discussions of the state requirements that affect service worker functions, are explained; recordkeeping, evidence collection, juvenile rights, and court disposition processes are included. The final chapters in the curriculum concentrate on treatment approaches, typical and atypical child development, and supportive-preventive approaches. Extensive use is made of supplemental reading materials drawn from the literature and numerous audiovisual materials.

**CD-01824**

New Jersey State Div. of Youth and Family Services, Trenton. Bureau of Research, Planning, and Program Development.

**Union County Protective Services Demonstration Project Evaluation. Progress Report 1975.**

New Jersey State Div. of Youth and Family Services, Trenton. Bureau of Research, Planning, and Program Development, 72 pp., May 1976.

The 1975 progress report of the federally funded Union County (New Jersey) Protective Services Demonstration project shows that in the first 1.5 years of operation, the project provided a range of services to nearly 400 families, representing 1,100 children. The majority of these children were victims of abuse or neglect. Specialized services were purchased from community agencies. Federal funds provided emergency funds and an interdisciplinary team of consultants to assist the staff in developing service plans for clients. Parent development groups were initiated which focus on problems clients have in common, such as child care difficulties, interpersonal relations, and identify-

ing and using community services. Many of these services would not be available to Union County families if not for the project's efforts. A system of case tracking and review was designed and implemented. In addition to direct services to families, the project initiated a program to coordinate efforts of county agencies and professionals toward meeting social service needs of troubled families, and to provide training and education for professionals and concerned community members regarding identification, reporting procedures, possible causes and associated problems of abuse and neglect, and methods of intervention and prevention of abuse and neglect. Specific recommendations are made in the areas of bureaucratic restrictions, the contracting process, service coordination, and planning. Difficulties were also encountered in defining roles of project staff, in case monitoring and review, in the use of emergency funds, and with staff turnover.

**CD-01825**

New Mexico Univ., Albuquerque. American Indian Law Center.

**Model Children's Code.**

New Mexico Univ., Albuquerque. American Indian Law Center, 87 pp. 1976.

The Model Children's Code was developed to provide a legally correct model that American Indian tribes can use to enact children's codes that fulfill their legal, cultural, and economic needs. The major sections of the Code cover the court system, jurisdiction, juvenile offender procedures, the minor-in-need-of-care, and termination of parental rights. Each section is supplemented with a commentary which discusses the law, its purpose, and cross-references. The subsections cite decisions by state and federal courts which are not binding but which set examples; in addition, laws arising from the Indian Civil Rights Act are discussed. The purpose subsections review the section content, explain the reasons for the section's inclusion, and assist in the proper interpretation of the section. Brief guidelines are provided for practical implementation of the Code. Case citations are provided for further study, and a systematic chart of the Code is appended.

**CD-01826**

New Mexico Univ., Albuquerque. American Indian Law Center.

**Final Report. Training and Technical Assistance to Develop, Revise and Supplement Indian Tribal Codes and Court Procedures on Child Abuse and Neglect.**

Prepared for: Office of Child Development (DHEW), Washington, D.C., 9 pp., July 1, 1977.

In this 2-year project, 5-day training sessions were conducted on 10 representative reservations for tribal personnel who worked with children in any capacity. Training

sessions were conducted by staff attorneys from the American Indian Law Center assisted by an Indian law student. The basic instructional tool for these sessions was the Model Children's Code, published by the American Indian Law Center. The project had the dual purpose of training people in current juvenile law and of providing tribes with the impetus to enact legislation that will comply with the law regarding tribal jurisdiction without jeopardizing Indian values and traditions. Each group was invited to decide the type of technical assistance it would like to have in 3-day follow-up periods, and the various kinds of follow-up assistance requested are described. On the basis of this experience, several suggestions are offered for similar future programs.

**CD-01827**

New York City Dept. of Social Services, N.Y. Special Services for Children.

**The Parents' Handbook. A Guide for Parents of Children in Foster Care.**

New York City Dept. of Social Services, N.Y. Special Services for Children, 14 pp., January 1977.

This booklet was written for the parent whose child is or is about to be in foster care. Three types of foster care are defined: foster home, group home or group residence, and institutional foster care. A child may come into foster care through the request of the parent, by order of the Family Court, or in an emergency. The Family Court order may result from cases of abuse and neglect, for a person in need of supervision, or because of juvenile delinquency. Suggestions on working with the agency caseworker are given. Planning for the child's future, parental rights and responsibilities, and possibilities for action when the parent has a complaint are discussed. Suggestions on how to get a lawyer are outlined, and possible court actions are described.

**CD-01828**

New York State Assembly, New York. Select Committee on Child Abuse.

**Report on the Family Life Development Center at the State College of Human Ecology at Cornell University.**

New York State Assembly, New York. Select Committee on Child Abuse, 42 pp., December 1974.

The Family Life Development Center at the State College of Human Ecology was established to act as a catalyst to improve efforts at preventing and treating child abuse and maltreatment by sharing and disseminating knowledge through professional and community education. Under a five-point action program the Center plans to (1) foster community programs to strengthen family life and improve child care practices; (2) provide training and technical assistance to state, local, and private child welfare agencies; (3) conduct research on causes, effects, and social costs of the problem; (4) convene a national conference of experts to develop a strategy in abuse prevention and family life improvement through research, law, public service, and

community action; and (5) initiate an all-media communication alert across the state to increase public and professional awareness. Numerous references.

**CD-01829**

New York State Assembly, New York. Select Committee on Child Abuse.

**Report of the Select Committee on Child Abuse.**

New York State Assembly, New York. Select Committee on Child Abuse, 168 pp., April 1972.

Investigation of the New York State welfare system by the State Assembly's Select Committee on Child Abuse indicated a pervasive inability on the part of child care agencies to respond both programmatically and administratively to the needs of the children they are meant to serve. With a view toward reorientation of the accountability and planning responsibilities of child welfare officials and ultimate improvement of the child welfare system, several proposals are made in the areas of (1) recognition and reporting; (2) central registry; (3) investigation, verification, and intervention; (4) rehabilitation and foster care; and (5) the Family Court of the State of New York. Some of the Committee's findings are as follows: Complexities in the state reporting laws and rigid, restrictive policies of the State Department of Social Services discourage and limit reports of child abuse. Lack of educational programs about reporting is the most significant reason for underreporting. The state central registry contains inaccurate and insufficient information. Protective agencies need more coordination and more qualified protective workers. Too much emphasis is being placed on custodial foster care programs instead of treatment and rehabilitation. The Family Court is hindered by inadequate supporting services and its second class status among trial courts. A new legal officer, the Children's Attorney should be made responsible for the effective investigation and presentation of child protective cases. Numerous references.

**CD-01830**

New York State Dept. of Social Services, Albany.

**1975 Annual Report for the Provision of Child Protective Services in New York State.**

New York State Dept. of Social Services, Albany, 54 pp., March 15, 1976.

In addition to a statistical compendium, which is required by New York State law, the Annual Report for 1975 summarizes the development of the reporting provisions of the Child Protective Services Act and reviews the operation and activity of the state central register. The manner in which the Department monitors the performance of local social services districts and local child protective services is reviewed. The delivery of services by local child protective services, general service delivery features, innovative services, and the recent trend toward coordinated approaches are also described. As part of the review of the local mode of operation, a critical look is taken at the staffing levels of local districts and the subsequent effects

on service delivery. Steps taken by the Department in the area of research and demonstration programs are introduced and the ramifications of Title XX on state operations are discussed.

**CD-01831**

New York University Law Review.

**In the Child's Best Interests: Rights of the Natural Parents in Child Placement Proceedings.**

*New York University Law Review* 51:446-477, June 1976.

Statutory provisions governing the separation of natural parent and child in the areas of adoption, voluntary foster care, and neglect proceedings are examined. The failure of existing statutes to define clearly the rights of natural parents lies at the heart of their inability to serve adequately the child's 'best interests' -- the standard almost uniformly applied in child custody cases. Statutory revisions, specifying the rights of the parent, legislature, and courts, are recommended to harmonize the rights of the natural parents with the best interests of their children. The major flaw in most neglect statutes is a vagueness that permits intervention in the parent-child relationship on the basis of subjective, class-based norms of judges rather than on specified, objective harms delineated by the legislature. By providing even more specific standards of unacceptable parental conduct, legislatures can reduce the likelihood of subjective judicial determinations and unnecessary separations of parent and child. Few neglect statutes provide that removal from the home should be ordered only as a last resort or that parents be given appropriate rehabilitative services to enable them to regain custody when temporary removal is essential. Widespread procedural deficiencies include the many statutes not requiring appointment of counsel for the parents and the widespread use of hearsay evidence. For those children who must be removed from the home, the goal of these proposed reforms should be to reunite them with their natural parents as soon as possible or, as an alternative, to free them to establish themselves promptly in a new and permanent home. Numerous references.

**CD-01832**

Children's Hospital Medical Center, Boston, Mass.

**Child Abuse and Neglect: Toward a Firmer Foundation for Practice and Policy.**

Newberger, E. H.

*American Journal of Orthopsychiatry* 47(3):374-376, July 1977.

The need for a broader and stronger foundation for action in the field of child abuse and neglect is discussed. Because of the manner of delivery of medical services to the poor and to the affluent, statistics are skewed to suggest a higher incidence of this phenomenon among poor, non-white families. Research and development efforts currently largely ignore the sexual misuse of children, the abuse of children in and by institutions, and the relationship between violence among adults and violence toward chil-

dren. The need for adequate funding is stressed. 7 references.

**CD-01833**

Children's Hospital Medical Center, Boston, Mass. Family Development Study.

**The Medicalization and Legalization of Child Abuse.**

Newberger, E. H.; Bourne, R.

Symposium on Violence in the Family, International Society on Family Law Second World Conference, Montreal, 29 pp., June 13, 1977.

Family crisis and childhood injury have been medicalized and legalized and called child abuse, to be diagnosed, reported, treated, and adjudicated by doctors and lawyers, their constituent institutions, and the professionals who depend on them for their social legitimacy and support. Dilemmas of social policy are discussed in terms of family autonomy versus coercive intervention, and dilemmas of professional response in terms of compassion versus control. These dilemmas are expressed in conflicts for professionals and in inadequately conceived interventions for families. Medicalization of cruelty to children occurred following the description of the battered child syndrome in 1962. The medical profession was frequently reluctant to become involved for a variety of reasons. Legalization of child abuse was triggered by the medicalization, and just as physicians were reluctant to become involved, so, too, were there normative elements within law that urged restraint. Several areas exist for potential conflicts between the medical and the legal perspectives: the importance of the abuser's mental state; the seriousness of the injury; the definition of the abuser; and the role of the law. Because it is likely that clinical interventions in child abuse will continue to be class- and culture-based, 5 guidelines to minimize the abuse of power of the definer are proposed: give physicians, social workers, lawyers, and other intervention agents social science perspectives and skills; acknowledge and change the prestige hierarchy of helping professions; build theory that will guide and inform a rational practice; change social inequality; and assure adequate representation of class and ethnic groups in decision-making forums. 56 references.

**CD-01834**

Children's Hospital Medical Center, Boston, Mass. Family Development Study.

**Knowledge and Epidemiology of Child Abuse: A Critical Review of Concepts.**

Newberger, E. H.; Daniel, J. H.

*Pediatric Annals* 5(3):140-145, March 1976.

The paradox attached to the espousal of an accepted humane approach on the one hand and lacking adequate service and knowledge concerning child abuse on the other strains the clinician's difficult role. Definitions of child abuse range from the specific constellation of injuries of the battered child syndrome to the broad concept of any force that compromises a child's capacity to achieve his

physical and psychologic potential. Diagnoses require detective work that clinicians may not be professionally trained to perform. Incorrect responses can further alienate a family. Acceptance of an injury as an accident is, unfortunately, easier as it saves the physician from having to make value judgments. A more scientific taxonomy of childhood social illnesses could stimulate helpful practice. Child abuse case reports in the U.S. jumped from 7,000 in 1967 to 200,000 in 1974. Since the duration of service for these cases can sometimes be years, the prevalence of the problem is even greater, creating an extraordinary burden on child welfare institutions, especially because their capabilities stay fixed. Inability on the part of child abuse researchers to control intervening variables may confound attempts at identifying causal relationships. Critical and serious attention to professional vocabulary and knowledge would provide the tools necessary to more adequately help children and families in distress. 22 references.

**CD-01835**

Children's Hospital Medical Center, Boston, Mass. Family Development Study.

**Family Intervention in the Pediatric Clinic: A Necessary Approach to the Vulnerable Child.**

Newberger, E. H.; McAnulty, E. H.

*Clinical Pediatrics* 15(12):1155-1161, December 1976

See Abstract CD-00730.

**CD-01836**

Children's Hospital Medical Center, Boston, Mass.

**Child Health in America: Toward a Rational Public Policy.**

Newberger, E. H.; Newberger, C. M.; Richmond, J. B.

*Milbank Memorial Fund Quarterly: Health and Society* 54(3):249-298, Summer 1976.

Environmental forces exert a powerful influence on the health of children in the United States, as manifested by both the disproportionate toll of most organic diseases on poor and nonwhite populations and the increasingly important symptoms of familial, social, and behavioral distress as child abuse, accidents, and childhood suicide. There is a systemic inability to reach and treat the children most in need of quality child health services. A rational basis for child health policy includes appropriate concepts of health, disease, and preventive and therapeutic intervention; a capacity to acknowledge, measure, and act on the familial and environmental, as well as the medical, sources of illness; an orientation to the developmental and social implications of good and poor child health; and a commitment to enable all children to receive health services. The data and this policy framework lead to the following program recommendations: resources should be channeled into a more rational system that guarantees equity and access; a planning and program mechanism should be implemented which addresses the health needs of diverse local populations and which makes real the advocacy concept; a screening, evaluation, and surveillance methodology should be instituted; a delivery system is needed for both

preventive and curative health technology; and there should be a coherent program for the training, assignment, and supervision of the kinds of manpower which such a system would require. 106 references.

**CD-01837**

British Columbia Univ., Vancouver.

**Four Types of Hyperkinesis.**

Ney, P. G.

*Canadian Psychiatric Association Journal* 19(6):543-550, December 1974.

A sample of 60 children considered to be hyperactive or restless by parents or teachers were grouped, on the basis of hypotheses regarding their etiology, into 4 categories: genetic, behavioral, minimal brain dysfunction, and reactive. Anticipated trends were that genetic and minimal brain dysfunction types have a higher male to female ratio; the genetic type has more behavioral difficulties at school than at home; the behavioral type more often has depressed single parents, a high incidence of neurotic problems, and fewer behavior problems, and is more frequently distressed within himself; and the reactive type is less of a problem at school than at home, has a high incidence of antisocial behavior, and is given corporal punishment more frequently. Twenty-six percent of the 60 children studied were categorized as genetic, 21 percent as behavioral, 30 percent as minimal brain dysfunction, and 21 percent as reactive. The prediction regarding the sex ratio was substantiated but other predicted findings were either not significant or the data were incomplete. Children in the behavioral category usually have single mothers who are depressed. The child becomes a scapegoat for her hostility, and is deprived of normal emotional contact, thus reinforcing the hyperactivity. Reactive children generally live in an environment of intense conflict and learn to adapt by always being on the move. Parents do not agree on discipline and many times the child is beaten severely, a situation which adds to the child's anxiety and in turn makes the parents' behavior more inconsistent. 27 references.

**CD-01838**

Royal Children's Hospital, Brisbane (Australia). Dept. of Child Health.

**Non-Accidental Immersion in Bathwater: Another Aspect of Child Abuse.**

Nixon, J.; Pearn, J.

*British Medical Journal* 1(6056):271-272, January 29, 1977.

Immersion in bathwater as a means of child abuse is briefly discussed. Three cases are cited, 2 of whom survived and 1 who was severely brain damaged as a result. Unlike accidental immersions, nonaccidental immersions frequently occur at an unusual time of day (rather than bath time) and there is only 1 child in the tub. Accidental immersion usually involves children of 9-15 months of age, while nonaccidental immersion tends to occur among children 15 to 30 months old. Accidental immersions usually involve

families of social class IV or V, while nonaccidental immersions probably occur in all classes. The child who is the victim of accidental immersion will usually be normal or have epilepsy or convulsions and is usually the youngest in a large family, while the victim of nonaccidental immersion may be handicapped and is often the eldest child of a small sibship. It is suggested that the psychodynamics of willful immersion of a child in the bath tub are different from those in which a parent is neglectful of child safety in matters involving a water hazard. 5 references.

**CD-01839**

Lancaster County Juvenile Court, Lincoln, Nebr.  
**Development of Standards for Juvenile Justice: An Overview.**

Nuernberger, W. W.; Van Duizend, R.  
*Juvenile Justice* 28(1):3-6, February 1977.

Existing laws and practices related to juvenile justice are examined in light of the diverse approaches to and basic principles of solving the problems of young people. Standards, models, or guidelines that seek to improve the fairness and effectiveness of the juvenile and criminal justice systems have been developed by the Institute of Judicial Administration-American Bar Association Joint Commission on Juvenile Justice Standards, the Juvenile Justice Task Force, the Standards Committee, and the many other national and state groups that have been involved in the development of standards for juvenile justice. The Juvenile Justice and Delinquency Prevention Act has provided a means for assembling and assaying this information and is a source of some of the funds needed for transforming works into action. These materials illustrate both the diversity and accepted principles encountered in this field. Although there may be disagreement with some of the approaches taken on particular issues, these differences should not be allowed to overshadow the broad areas of agreement and obscure the tools for constructive change that the standards represent.

**CD-01840**

Nigeria Univ., Enugu. Dept. of Pediatric Surgery.  
**Child Abuse Syndrome in Nigeria.**

Nwako, F.  
*International Surgery* 59(11-12):613-615, November-December 1974.

A 2-year study in Nigeria of 2,462 accident cases indicated that 50 of them were actually child abuse cases, including 18 cases of permanent disfigurement and 3 deaths. Children injured by natural parents were usually under the age of 4. Children aged 6-10 were primarily injured by stepparents or guardians and had suffered repeated trauma, receiving medical attention only through the intervention of a neighbor or the natural parent. More than two-thirds of the children seen were in the older group. The study began with a thorough briefing of all the permanent staff connect-

ed with the casualty department of a hospital, a step which is usually effective in increasing reports of abuse. The creation of detection agencies to handle suspicious or proven cases of abuse and to guide them through rehabilitation and the legal system is recommended. 3 references.

**CD-01841**

Royal Alexandria Hospital for Children, Camperdown (Australia). Dept. of Medicine.

**Tranquilizers and Child Abuse. (Letter).**

Oates, R. K.  
*Medical Journal of Australia* 1(1-2):40-41, January 1-8, 1977.

This letter points out that tranquilizers should not be administered to abusive mothers because they are likely to have an effect opposite from the desired one. The benzodiazepine group of drugs can, like alcohol, remove inhibition and release hostility and aggression in stressful situations. 4 references.

**CD-01842**

Office of Child Development (DHEW), Washington, D.C.  
**The Public Information Campaign.**

Office of Child Development (DHEW), Washington, D.C., 34 pp., July 3, 1974.

A statewide public information campaign on child abuse was waged by Florida in 1972 to illustrate methods, problems, and impact of a coordinated information campaign. In 1970-1971, 17 reports of child abuse and neglect were filed in Florida's "central registry," a small box in the Jacksonville office of the Division of Family Services. Late in 1971 a central registry and hotline were established as the core of the statewide reporting and investigative system, and with no other publicity than some newspaper editorials. In the first year of operation, 19,128 reports of abuse and neglect were received, 14,173 through local offices and 4,955 on the hotline. Details of the campaign on radio, television, and in newspapers are presented. The total cost for media time and space was about 2 million dollars. Other techniques included wide distribution of brochures and public-service kits and listing the hotline number in local telephone directories. During the 12-month period of the campaign, reporting increased to 29,686, 52 percent of which came via the hot line. The greater part of the increase in reporting was accounted for by neighbors, relatives, and other nonprofessionals. In spite of the dramatic increase in reporting, the validity rate on reported cases fell only slightly, from 63 percent to 60 percent. Guidelines for a public information campaign are set forth.

**CD-01843**

Office of Child Development (DHEW), Washington, D.C.  
National Center on Child Abuse and Neglect.

**Child Abuse and Neglect. The Problem and Its Management. Volume 3. The Community Team. An Approach to Case Management and Prevention.**



Office of Child Development (DHEW), Washington, D.C. National Center on Child Abuse and Neglect. Available from the Government Printing Office, (OHD) 75-30075, 208 pp., 1975.

Various aspects of community coordination for managing and preventing child abuse and neglect are described within the context of the community-team approach. Topics of discussion include identification and diagnosis, treatment, education and training, coordination and guidelines, and primary prevention. The present status of central registers and their utilization are considered. Development and operation of hot lines are discussed. Factors involved with treatment are viewed in terms of treatment for the parents and treatment for the children, specifically: treatment goals and modalities, removal of the child, behavior characteristics and dynamics, program planning, and general problems. Among the issues covered in education and training are public education, professional education and training, public relations, and the Florida Public Information Campaign. Guidelines for developing a community-team program are reviewed and examples of community programs are given. 124 references.

#### CD-01844

Office of Child Development (DHEW), Washington, D.C. **Child Abuse and Neglect Prevention and Treatment Program.** *Federal Register* 39(245, Part 2):43936-43941, December 19, 1974.

Principal comments and departmental conclusions on a proposed amendment to Title 45, Subtitle B of the Code of Federal Regulations, which implements the Child Abuse Prevention and Treatment Act (Public Law 93-247), are noted. After consideration by the Office of Child Development, the regulation is put forth as amended by adding Part 1340, which includes provisions describing the purpose of the Child Abuse and Neglect Prevention and Treatment Program, definitions, general administrative requirements, grant application procedures, civil rights clauses, project duration and amendment procedures, and publications policies. A second part of 1340 describes policy for demonstrations, technical assistance, and other activities, and a third part discusses child abuse and neglect grants to states under the Act and under Title IV of the Social Security Act.

#### CD-01845

Office of Child Development (DHEW), Washington, D.C. National Center on Child Abuse and Neglect. **Federally-funded Child Abuse and Neglect Projects. 1975.** Office of Child Development (DHEW), Washington, D.C. National Center on Child Abuse and Neglect, (OHD) 76-30076, 56 pp., 1975.

Brief descriptions of federally supported projects directly related to child abuse and neglect are catalogued. Projects

funded under the auspices of the Intradepartmental Committee on Child Abuse and Neglect, National Center on Child Abuse and Neglect, the Department of Justice, and the Law Enforcement Assistance Administration are included. The grants or contracts were made to carry out demonstration and resource projects, research, technical assistance, and information collection plus evaluation in the field of child abuse and neglect. Indexes are arranged according to project directors and institutions, titles, and the states from which they operate.

#### CD-01846

Office of Human Development (DHEW), Washington, D.C. Children's Bureau. **Indian Child Welfare: A State-of-the-Field Study. Summary of Findings and Discussion of Policy Implications.** Office of Human Development (DHEW), Washington, D.C. Children's Bureau, (OHD) 76-30096, 49 pp., 1976.

The findings and policy implications of a research project on the state of Indian child welfare are summarized and analyzed. State and county social service agencies are responsible for providing child welfare services to Indians as well as to other residents. Legal and jurisdictional barriers make delivery of state services to certain reservations difficult. Cultural factors, including the failure of non-Indian social service personnel to understand tribal cultures, also hinder effective delivery of services. Many Indian families consider that their children are competent to care for themselves at earlier ages than non-Indian families, and children are thus expected to make decisions about their own lives. Thus, older children are often left to care for younger children, which conflicts with some state laws. Four major policy goals are proposed: increased tribal involvement in the planning and delivery of child welfare-related social services; greater study and recognition of inconsistencies between Indian tribal cultures and current child welfare service techniques, standards, and goals; placements of Indian children in Indian adoptive and foster homes; and the commitment of resources to meet the unmet needs of Indian families and children.

#### CD-01847

Office of Human Development, Washington, D.C. National Center for Child Advocacy. **Child Welfare in 25 States -- An Overview.** Office of Human Development, Washington, D.C. National Center for Child Advocacy, (OHD) 76-30090, 204 pp., 1976.

Child welfare systems in 25 states were surveyed in order to identify major issues, strengths, weaknesses, and exemplary features of functioning service networks. Information was gathered via questionnaires as well as through on-site visits. Key findings indicate: that child welfare services are faring relatively well with respect to other services, particularly in relation to financing and per-

sonnel; the term 'child welfare' is not uniformly defined; child welfare services are not always organizationally visible; most exemplary or innovative features predominated in the service area; overburdened caseloads have brought about increased use of less competent staff replacements; programs are still inadequately funded to meet the existing needs; child and family advocacy is a fragmented effort; considerable progress has been made in developing automated information processing; and planning for child welfare and Title XX coordination is conducted primarily at the state level. A cluster analysis of 5 groups of the study population is appended.

**CD-01848**

Office of Youth Development (DHEW), Washington, D.C.

**Juvenile Court Statistics -- 1972.**

Office of Youth Development (DHEW), Washington, D.C. 19 pp., 1974.

Dependency and neglect cases in the U.S. in 1972 numbered 141,000, an 8 percent increase over 1971. Greater public awareness of the problem may be causing the higher rates of case finding and reporting. Delinquency cases involved 959,000 children in 1972. Fifty-nine percent of the delinquency cases were handled nonjudicially. Summary tables are presented on dependency and neglect cases indicating absolute number and population distribution percent change, and trends; tabular information on delinquency cases covers number and sex, disposition, distribution, percent change, and trends.

**CD-01849**

Office of Youth Development (DHEW), Washington, D.C.

**Juvenile Court Statistics -- 1973.**

Office of Youth Development (DHEW), Washington, D.C., OHD-OYD 75-26043, 18 pp., March 1975.

Dependency and neglect cases in the U.S. in 1973 totaled 158,000, an increase of 12 percent over 1972. Sharp increases in 1972 and 1973 cases represent a reversal of a downward trend which began in 1967. Greater public awareness of the problem of child abuse may be causing the increase. Summary tables are presented on dependency and neglect cases, indicating absolute number and rate per 1,000 population for each year from 1946 to 1973; type of court, number of cases, and rate distributions for various age jurisdictions of the courts in 1973; and percent changes from 1972 to 1973. An estimated 1,143,700 juvenile delinquency cases, excluding traffic offenses, were handled by juvenile courts in 1973. Summary tables on delinquency cases indicating absolute numbers, type of court, sex, percentages, method of handling, rate per 1000, age jurisdiction, and percent changes for 1973 and for the years 1957 to 1973 are also included.

**CD-01850**

Ohio's Health.

**The Abused Child.**

*Ohio's Health* 26(10):1-28, 1976.

Child abuse in general is discussed, and the ways in which the problem is handled in Ohio are reviewed. The interagency team approach as practiced in Sandusky County is described. In the Columbus area, a 24-hour 7-day-a-week hotline called Tele-Mom is operated by volunteer mothers for mothers under stress. In a panel discussion, 2 physicians, a nurse, and a social worker address 5 questions relating to child abuse: the role and responsibility of the worker in child abuse cases; the procedures followed in cases of suspected abuse; interagency cooperation; problems or roadblocks which have been encountered; and approaches for handling or solutions to these problems. The team approach to child abuse is discussed.

**CD-01851**

National Society for Prevention of Cruelty to Children, London (England). Battered Child Research Dept.

**Childhood Accidents and Child Abuse.**

Okell, C.

*Community Medicine* 126:124-127, 1971.

During the 9-week study period, social workers conducted home visits within approximately 3 days of hospital attendance. Data for a detailed questionnaire were obtained with particular attention focused on the battering parent personality, collision between parents, parental attitudes toward the child, precipitating crisis or family stress, and social isolation during crisis. A multidisciplinary team consisting of an orthopedic surgeon, pediatrician, social work lecturer, and a pediatric social worker analyzed the concluding classifications made by researchers. The possibility of earlier diagnosis of injuries in suspected cases of child abuse prompted the examination of the medical records and family circumstances of 50 randomly selected children under 3 years of age who presented to the casualty departments of 2 London hospitals with a history of accident. (1) In 3 out of the 45 families for whom schedules were completed, the injury was almost certainly inflicted. In 6 other families the children were considered to be at risk by virtue of neglect or carelessness on the part of their caretakers. In none of these families had the diagnosis of inflicted injury been seriously considered by the hospitals. Recommendations include: (1) close attention be paid to any young child whose parents bring him to the casualty department; (2) casualty staff should gain information on the acute and chronic stresses within the family and how the parents are feeling and coping; (3) where there is the slightest suspicion that the child's injuries are nonaccidental, the child should be admitted for further study; (4) the casualty cards of children under school age who present with a history of accident should be regularly reviewed; and (5) more research is needed on the most appropriate way of passing on information about families suspected of abuse. 15 references.

**CD-01852**

National Society for the Prevention of Cruelty to Children, London (England). Battered Child Research Dept. **The Battered Baby Syndrome. Recent Research and Implications for Treatment.**

Okell, C.

In: Papers for Discussion at Sessions. 79th Health Congress of the Royal Society of Health, Eastbourne, England, April 24-28, 1972. London, Royal Society of Health, pp. 89-95, 1972.

A state-of-the-art discussion of child abuse intervention covers early detection of battering, initial management, significant determinants of abusive behavior, treatment, the effects of battering on young children, and prediction and primary prevention. Early detection is vital to protect the child from further injuries and to facilitate approach to the parents, who are more receptive to help at this time. During initial management a multidisciplinary approach is essential. Significant precipitating factors, including parental background, unrealistic expectations, family crises, and social isolation, are listed; characteristics of baby battering are noted. Treatment should be centered about the parent, and a lifeline should be provided for use in emergencies. In addition to the primary worker a co-therapist should be involved. The sequelae of abuse (permanent handicaps and behavioral disorders) warrant careful follow-up. 39 references.

**CD-01853**

National Society for the Prevention of Cruelty to Children, London (England). Battered Child Research Dept. **The Battered Child Syndrome.**

Okell, C.; Butcher, C.H.H.

*Law Society's Gazette* 66:587-589, September 1969.

A state-of-the-art review of child abuse research in America and England suggests that abusive parents are usually young, with small families, socially isolated, and bound in hostile dependency to their own parents. Their capacity to mother and give emotional nurturance to their children is limited, probably as a result of their own crippling childhood experiences. The National Society for the Prevention of Cruelty to Children (NSPCC) has set up a Battered Child Research Department which seeks to examine factors critically associated with child battering, and to develop methods of therapeutic intervention in these family crises. Based on American findings, prevention carries with it the implication not only of protecting the child from further abuse, but also breaking the chain of extreme social and emotional deprivation which inhibits those who survive from being able to nurture their own children when they themselves become parents. Experience in the United States does not substantiate the claim that legal intervention of the law is harmful in all cases. One of the benefits of child abuse research is the development of successful cooperation between the fields of law and social work. Findings from the NSPCC's retrospective study of 78 battered children are briefly presented. The report highlights the need to develop therapeutic services for battering

adults. Once a consistent, trusting professional relationship has been established with the parents, the risk of recurrence is greatly diminished. The treatment of these families can be undermined by the emotional reactions of social workers, doctors, and lawyers. 14 references.

**CD-01854**

Burderop Hospital, Wroughton (England).

**Social Aspects of Baby Battering Syndrome in Relation to Family Planning. (Letter).**

Oliver, J. E.

*British Journal of Psychiatry* 126:395-396, April 1975.

This letter comments on the role of contraceptive advice in preventing child abuse. Even though the advice may often be ignored, family planning with battering parents may prevent battering and neglect in this and future generations, and should be included as part of the total treatment perspective. Cases are cited of families who initially rejected the concept of family planning and now adhere to it. 3 references.

**CD-01855**

University of Southern California, Los Angeles. School of Social Work.

**An Analysis of Complainants and Complaints in a Public Agency Protective Services Setting.**

Olsen, L. G.

Master's Thesis. University of Southern California, Los Angeles, 91 pp., June 1966.

Complainants and complaints, the nature and validity of the complaints and the response by the West Los Angeles Protective Services Unit of the Child Welfare Division of the Bureau of Public Assistance during its first year of service were analyzed. The 59 cases studied represents a random sampling of 177 cases handled. There were slightly more individual complaints than institutional complaints, even though there was no local publicity about making complaints. The greatest number of acceptable complaints came from schools. While nonrelated individuals submitted the greatest number of invalid and inappropriate complaints, this source of case finding for pre-school age children was highly valued. Relatives were a more productive source of complaints than nonrelatives. The most frequent complaint was lack of supervision, because it accompanied almost all other complaints. Improper physical care was also frequent. The majority of referrals of neglect came from poverty areas. The Bureau of Public Assistance identified a large number of cases of abuse and neglect, but its ability to improve the situations it encounters was inadequate due to lack of time and resources. Four areas were recommended for further exploration to effect greater protective service in the community: (1) nonrelated individuals as complainants; (2) schools as identifiers of neglect and abuse in young children; (3) the Bureau of Public Assistance as a source of referral and as a resource for prevention; and (4) evidence of need for protective services outside the geographic boundaries covered by the unit

studied. Appendices include data sheets utilized in the research and California laws relating to inflicted injuries to children. 22 references.

**CD-01856****Problems of Communication and Co-ordination.**

Oppe, T. E.

In: Franklin, A. W. (Editor). *Concerning Child Abuse*. Edinburgh, Scotland, Churchill Livingstone, pp. 155-161, 1975.

The objectives of the management of the battering or potentially battering adult are examined from the perspective of interacting institutional surfaces. The major institutional surfaces are the law, medicine, and the social services. A prominent area of friction relates to the criminal aspects of child abuse. Many doctors and social workers believe the successful prosecution of child abusers to be incompatible with good management. Social workers and doctors are at odds in regards to responsibility for their client. Between the doctors and social workers lie the health visitors who are doubly vulnerable since they must assume the power and responsibility of both factions. To confound these relationships further, the judiciary, police, and the media adhere to different professional guiding principles. The difficulties of sometimes conflicting responsibilities and loyalties are exemplified in the management of child abuse cases. The specialized team approach is viewed as a successful response to these problems. The nature of the battered child syndrome presents barriers to good communication and coordination among the helping services, and it is important that these barriers are understood.

**CD-01857**

Saint Mary's Hospital Medical School, London (England). Dept. of Paediatrics.

**The First 28 Days. The Vulnerable Baby.**

Oppe, T. E.

*Midwives Chronicle and Nursing Notes* 87(40):310-312, September 1974.

The problems of defective mothering are due, in part, to the lack of parenting training for women and lack of opportunities for young women to be exposed to infants. It is useful to distinguish among neglect, deprivation, and abuse, as the resultant effect on the child is distinct. Battered babies are often found in so-called 'problem families' where the mother is unable to cope with life in general. Midwives and physicians are usually in a prime position to recognize these situations either before or after the birth and should make efforts to improve the situation. Other problems contributing to child abuse or neglect are the birth of an unwanted child, early mother-child separation or improper bonding, overly high expectations concerning the child's appearance or behavior, the new mother's isolation from her usual surroundings, or physical or mental handicaps in the child.

**CD-01858**

Alabama Univ., University. School of Social Work.

**Family Treatment of Poverty Level Families.**

Orcutt, B. A.

*Social Casework* 58(2):92-100, February 1977.

The poor family with multiple deficits in relational processes is discussed. While not all poor people have social, psychological, or relational problems, the condition of being poor increases one's vulnerability to these problems. In multiple deficit families, structural organization may be characteristically loose, inefficient, or conflictual, and dependency generationally perpetuated. While all foci of the social work practice system must be utilized to alter poor environmental conditions and to foster the growth potential of these families, 4 major propositions are important to the task of mobilizing direct social services efficiently: the family in need must be reached by the social service agency; intervention must address the transmission of generationally perpetuated problems; intervention strategies must be carried out in combinations to include the individual, the nuclear family, the family of origin, and the representatives of involved community agencies; and there must be planned follow-up and accessibility in cases of future stress. An illustrative case is provided. 17 references.

**CD-01859****Lessons From a Tragedy.**

Orriss, H. D.

*Nursing Times* 70(5):140-141, January 31, 1974

Inconsistencies and lack of continuity in case management can lead to tragedy in cases of abuse and neglect. Coordinating services and sharing of case information through joint case conferences might have prevented the fatal battering which occurred after a young girl, Maria Colwell, was returned to her mother and stepfather. The child had been living with foster parents, her paternal aunt and uncle. She had become the object of a bitter family feud. Many of the agencies involved in the case assumed that after initial trauma she could safely be returned to her mother's care. In each instance, the agencies assumed that someone else was providing primary service to the family or was in closer contact with the family so, although the child was clearly at risk, sufficient protective services were not provided. The problems of interagency integration in this case are reported and such problems in general are discussed.

**CD-01860**

London Hospital, (England).

**Loss of Columella and Septum From an Unusual Form of Child Abuse.**

Orton, C. I.

*Plastic and Reconstructive Surgery*. 56(3):345-346, September 1975.

Trauma associated with child abuse is determined to be one of the leading causes of loss of the columella. At examination, 1 child presented with loss of the lower two-thirds of the columella along with gross destruction of the nasal septum and superficial scarring of the upper lip. The patient's older brother had an identical septal lesion; however, the columella was intact and recessed. Clinical, radiological, and serological examinations revealed no other abnormalities. Upon further questioning, the mother admitted to scouring the children's noses with a hair pin; her psychotic preoccupation with nasal hygiene began when her children were infants and lasted until they were 6 and 8 years of age, when the mother underwent intensive psychotherapy. Plastic surgery using bilateral flaps of the upper lip was performed in both cases. A silicone rubber strut reaching from the nasal bridge to the tip was implanted in the younger patient in an attempt to coax growth of the soft nasal tissue. It was noted that attention should be paid to maxillary development, since nasal hypoplasia due to septal cartilage damage may result in maxillary hypoplasia. 6 references.

**CD-01861**

Oxford Univ. (England). Park Hospital for Children.

**Family Pathology as Seen in England.**

Ounsted, C.; Lynch, M. A.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 75-86, 1976.

Two cases of child abuse are presented briefly, and concepts of psychology and corresponding psychotherapy are discussed. A 3.5-month-old boy was beaten to death by his father after several previous severe beatings which had come to the attention of medical authorities but which were not followed up. Both parents came from hostile and violent families. The child was conceived out of wedlock and was small for date. There were 7 open warnings that were ignored by medical or social work personnel, in which intervention probably would have been prophylactic and certainly would have been diagnostic. In another case, a second premarital offspring from a couple was the victim of abuse while the first, third, and fourth children were not. The first pregnancy was normal, and parents and baby lived with the maternal grandmother. The second pregnancy provoked marriage and removal of the couple to an isolated house of their own. The pregnancy was stormy and the baby was premature, which resulted in a hospital stay of 4 months; upon release, he lived with the maternal grandmother until age 1. Two other normal pregnancies followed, and the victim was returned to live with his parents and his 3 siblings. He failed to thrive in that environment and became the focus of his father's frustrations. Ultimately, he was abused. After hospitalization, both the child and the entire family received intensive psychotherapy and stable bonds were formed. No further abuse occurred after the child returned home. Eighteen categories of psychopathology associated with child abuse and their corresponding psychotherapies are discussed: the hostile

pedigree, basic mistrust, fantasy, blind alleys, assertive mating, childlike parents, the hospital's baby, ritual patterns of behavior, releasing drugs, the little stranger, a sick family, constant crying, open warnings, gaze aversion, cataclysms, collusion, isolation, and the closed system.

**CD-01862**

Colorado Commission on Children and Youth, Denver, Colo.

**Child Abuse-Child Neglect in the Metropolitan Denver Area.**

Pacheco, C.

Colorado Commission on Children and Youth, Denver, Colo., 44 pp. October 10, 1974.

A study of 15 child abuse and neglect programs in the metropolitan Denver area reveals severe problems among professionals who are involved in the management of abuse and neglect cases. Aside from an alarmingly high turnover rate, a significant deficiency in the number of properly trained social workers is apparent. City and state appointed attorneys are overburdened with work, a condition which aggravates proper representation of affected individuals and adequate investigation of reported cases. Juvenile court judges and law enforcement personnel require more specialized training; judges need more sensitization to the problem and should be more severe on parents who repeat abusive behavior. The Colorado Children's Code requires modifications to clearly delineate agency and individual responsibilities in the reporting and management of abuse and neglect cases. On a broader, programmatic level, there is insufficient professional exchange of information or expertise; little exists in the way of preventive programs; no printed materials exist for Spanish-speaking peoples; the state's reporting system does not encourage the reporting of cases; some duplication of effort exists in the areas of identification and treatment; and little has been done to help the sexually abused child. 2 references.

**CD-01863**

Children's Aid and Society for the Prevention of Cruelty to Children, Buffalo, N. Y.

**Family Life Education and Protective Services.**

Paget, N. W.; Penner, G. L.

Denver, Colo., American Humane Association, 24 pp. May 31, 1966.

The techniques for involving protective service clients in a program of family life education are explored, and course content and participation are discussed. A small voluntary parent education program conducted by Children's Aid in Buffalo and a court-ordered parent education program are described. Consideration is also given to the use of family life education for the protective service client in the United Kingdom. The Buffalo program effected a significant increase in the ability of parents to communicate with children. The same response is anticipated for the involuntary

court-ordered program. An analysis of specific points raised in the discussion is also included. 17 references.

**CD-01864**

Arizona Community Development for Abuse and Neglect, Phoenix.

**Community Development: Possibilities for Effective Indian Reservation Child Abuse and Neglect Efforts.**

Palmer, B. E.; Pablo, S. G.

2nd Annual National Conference on Child Abuse and Neglect, Houston, Tex., 9 pp., April 17-20, 1977.

The Arizona Community Development for Abuse and Neglect program has worked with 17 of the 20 reservations in the state and more than 1,200 reservation residents. This outreach stresses on-site training sessions with parents, social service staff, health and education officials, and tribal representatives. Community development stresses cooperation in participation as opposed to competition between people. It also stresses maximum utilization of local resources, which strengthens the extended family system as well as tribal culture and life style. A nondirective approach to decision-making is used, thus eliminating program imposition and promoting self-determination of tribes. Citizen participation for decision-making reinforces the old tradition of community collaboration for community problem solving. Community development also promotes respect for all, which reinforces the values of human equality and individual capabilities. This approach might be used by State agencies considering similar outreach efforts to Indian reservation communities. The history and current status of the relationship between Indian tribes and states regarding social services are reviewed.

**CD-01865**

New Mexico Univ., Albuquerque. School of Medicine.

**Several Unusual Cases of Child Abuse.**

Palmer, C. H.; Weston, J. T.

*Journal of Forensic Science* 21(4):851-855, October 1976.

During 1974 and 1975, there were 9 cases (4 boys, 5 girls) of death resulting from child abuse or neglect in New Mexico. The age range was 3 months to 5 years, and there were 4 Caucasians, 3 Blacks, one Indian, and one Spanish-American. The entire spectrum of physical abuse was represented: neglect, abuse in a single episode of injury, repetitive abuse, and sexual abuse. The cases are similar to those presented in previous large series in that most injuries resulted from blunt trauma and were inflicted by parents or close relatives of the victims. Four cases are presented because of unusual variations in the patterns of abuse. One small Indian girl died as a result of gross medical neglect with infection complicating the original trauma. A 1-year-old boy had portal vein thrombosis with infarcts of Zahn in about half of the liver parenchyma, possibly as the result of trauma. In one single trauma case, the homicide was premeditated. One child died from exanguination from a large mesenteric laceration. 8 references.

**CD-01866**

Panel for Family Living, Tacoma, Wash.

**Coordinating Community Concern for Child Abuse and Neglect. First Annual Research Report.**

Panel for Family Living, Tacoma, Wash., 124 pp., 1975.

Research conducted by the Panel for Family Living and sponsored by the Department of Health, Education, and Welfare is described in 3 parts. The first 2 sections consist of (1) comprehensive demographic and special characteristics of clients and treatment outcomes, and (2) an assessment of the Panel's influence on the community. A majority of the clients had been involved in substantiated child abuse or neglect. They tended to be poor, moderately educated, and white. Parents were generally 20 to 30 years of age. Since Panel intake procedures stress concurrent multiple services it was difficult to differentiate successful treatment modes. Parent education classes were observed, group therapy was not. A revision of the experimental process will utilize goal attainment scaling procedures. Some increase in parenting skills was noted but client follow-up was not rigorous enough to substantiate this. Community involvement was assessed by noting the number of persons using the Panel's Resource Center, and by gathering baseline data from the Pierce County abuse and neglect service system. This latter information was intended to be part of a longitudinal study which has been discontinued. Two supplemental reports are included. One describes research which tests the efficacy of a behavioral approach as a remedy in a case of emotional neglect and which evaluates the adequacy of the Common Language Assessment System as a model for diagnosing and treating such cases. It proved to be effective in facilitating the choice of therapeutic techniques. The second report applies information gathered in child-mother interaction studies at the School of Nursing, University of Washington to the special problems of the Panel's clients. 11 references.

**CD-01867**

Parents Anonymous, Inc., Redondo Beach, Calif.

**Child Abuse Is Scary. Facts and Feelings for Those Who May Need to Report.**

Parents Anonymous, Inc., Redondo Beach, Calif., 16 pp., 1977.

This booklet, intended as an introduction for professionals, covers some of the characteristics of child abuse. Two of the most common characteristics of abusing parents are that they expect too much from their children and that they have a negative attitude toward their children. They are often socially isolated, expect too much of themselves, and have a history of harsh treatment as children. They characteristically have low self-esteem and frequently express disproportionate anger over their child's behavior. Abused children may be fearful and anxious, and may have evidence of unusual injuries and a high incidence of "accidental" injury. They may deny or rationalize excessive punishment. Professionals should look for strengths as well as weaknesses in families, and these strengths should be reinforced. Reporting suspected child abuse is

required of professionals in all 50 states. Several suggestions for learning local reporting procedures are outlined. When a case is reported, the parent should be informed. One or more of the following resources in a community makes the handling of a case easier for the professional: a task force; a specialized child abuse and neglect team; a hot line; a Parents Anonymous chapter; or specialized treatment for parents through community mental health.

**CD-01868**

Illinois Univ., Urbana.

**Socialization Into Child Abuse. A Social Interactional Perspective.**

Parke, R. D.

In: Tapp, J. L.; Levine, F. J. (Editors). *Law, Justice, and the Individual in Society: Psychological and Legal Issues*. New York, Holt, Rhinehart and Winston, 49 pp., 1976.

A social psychological theory of child abuse that stresses the influence of the social environment in both eliciting and maintaining abusive behavior is proposed as an alternative to the psychiatric treatment approach. The social environmental influence is examined at 3 levels: the culture, the local community, and the family. The cultural sanctioning of violence and the lack of community support systems for families are considered to be factors supporting the development of abusive patterns. Family interaction patterns that lead to abusive incidents are analyzed, with particular emphasis on the role that both the child-victim and the spouse play in abuse. Resocialization of abusive families can be achieved by therapeutic modification of family interaction patterns, as well as by improvement of the availability of social support systems for families. The appropriate role of the legal profession in the control of abuse should be the facilitation of effective family functioning rather than law enforcement. Children's rights should be given wider recognition, and arguments limiting the scope of children's rights in terms of socio-legal competence are questioned. 124 references.

**CD-01869****Representing the Parent in a 'Care and Protection' Custody Hearing.**

Parker, F. J.

*Massachusetts Law Quarterly* 57(4):387-400, 1972.

The text and mechanics of Massachusetts General Law, c. 119, s 24, authorizing 'care and protection' hearings to adjudicate the transfer of a juvenile's custody from the parent to the Commonwealth, are discussed. A variety of due process deficiencies in the provision are diagnosed and the vigorous representation of both procedural fairness and the best interest of the juvenile are advocated. This statute is not adequate for present day use. The first improvement must come from legislation and law reform groups. A search for 'due process' in each case under a properly worded statute is the only proper starting place. Until the day when an attorney for the parents can conduct the most vigorous defense with the understanding by

all involved parties of its value to the best interest of the child, the perfection of practice under s 24 will not have occurred.

**CD-01870**

Neuropsychiatric Inst., Rozele (Australia).

**Incest.**

Parker, G.

*Medical Journal of Australia* 1:488-490, March 30, 1974.

The history of incest is briefly reviewed and some of the more common characteristics of the incestuous relationship are described. A few primitive societies allow incest, but in most societies there is a very strong incest taboo. The incest taboo is a mechanism which prevents positive utilization of pregenital psychosexual needs from getting out of hand and is thus a required denial of basic incestuous wishes. Probably more than 90 percent of incest cases go undetected. It is usually a lower socioeconomic class phenomenon, with the male offender usually an older man, and occurring at a time when the female victim manifests signs of sexual maturity. The psychopathological and social assessment of the perpetrator reveals both normal and abnormal individuals, the latter tending to be violent, maladjusted at work, alcohol abusers, and to have a previous criminal record. Incest is seen not as the cause but as a symptom of a disturbed family, in which the male is dominant and the mother is incapable of guaranteeing the emotional stability of the family. The reactions of the victim cover a wide range of emotional content. A case of incest between a father who had sustained brain damage in an accident 4 years earlier and his 13-year-old daughter is presented. The girl initially complained to a resident physician about the incident, but later, under threat from her father, she withdrew the complaint. She then began running away from school and became aggressive. She appeared before the courts and was committed to a Child Welfare Institution. The need for a multidisciplinary approach to the problem of incest is stressed. 6 references.

**CD-01871****A Dyadic Analysis of 'Aggressive' Behaviors.**

Patterson, G. R.; Cobb, J. A.

In: Hill, J. P. (Editor). *Minnesota Symposia on Child Psychology*, Vol. 5. Minneapolis, Minn., University of Minnesota Press, pp. 72-129, 1971.

A review of several laboratory studies showed that positive reinforcers could be used to accelerate aggressive behaviors. An observation study showed that delinquent peers dispensed positive reinforcers contingent upon verbal reports of delinquent and aggressive behaviors. A field study demonstrated that in preschool aggressive interactions, victims provided positive reinforcers that increased the probability of these behaviors being directed toward the same victim on future occasions. These findings suggest that in a few highly selected situations, the social environment is programmed to provide positive social reinforcers for certain types of aggressive behaviors. Analysis

of family interaction indicated that certain behaviors of family members function as significant antecedent stimuli increasing or decreasing the likelihood of someone in the family hitting someone else. In the case of mothers, there appear to be many adult women with no past history of hitting, who are shaped by interactions with infants and children to initiate physical assaults. The mother learns that blows terminate aversive child behavior. It is possible that many reported child homicides are in fact the outcome of such training. A young woman, unskilled in mothering, is trained by her own children to carry out assaults that result in bodily injury to them. 94 references.

**CD-01872**

California Univ., Los Angeles. Center for the Health Sciences.

**Child Trauma Intervention: A Community Response to Family Violence.**

Paulson, M. J.

*Journal of Clinical Child Psychology* 4(3):26-29, Fall 1975.

Investigations into the epidemiology of child abuse and child maltreatment, and community responses are reviewed. Approximately 75,000 identified children are victims of severe physical trauma every year. A child has a 50 percent chance of incurring serious or fatal injuries as a result of repeated abuse if the initial incident is undetected. Physical and emotional trauma may well represent only 10 percent of the actual maltreatment of children. No one theory of behavior will fully explain parental violence, however, 4 concomitants appear: (1) the childhood of the parent which can be characterized by violence, social isolation, parental insensitivities, and immature, demanding impulsive behavior on the part of their own parents; (2) marital stress; (3) the idiosyncratic role of the target child, such as developmental failures or hyperactivity; and (4) the immediate event or situation preceding an act of abuse. The parents' childhood in many cases becomes a model for disciplining their own children. Effective child trauma intervention must include the following goals: identification of high-risk parents in the general population, intervention to reduce the risk of physical and psychological abuse by such parents, rehabilitation of abusive parents, if possible, and a 2-fold education program which trains professionals and paraprofessionals in the care and treatment of identified abusive parents, and provides classes on parenting and preparation for family life. Programs for rehabilitation must recognize not only the needs of parents but also the needs of the child. The psychogenesis of child abuse is so interrelated with family dynamics that it is counterproductive to plan rehabilitation without the concept of family therapy. A major approach to effective professional interagency collaboration has been the establishment of central registries in most states. The registries still have problems because of underreporting and a general reluctance to commit information to a central location. More community efforts in the area of child abuse and more agency coordination and cooperation are recommended. 35 references.

**CD-01873**

California Univ., Los Angeles. Neuropsychiatric Inst.  
**Multiple Intervention Programs for the Abused and Neglected Child.**

Paulson, M. J.

*Journal of Pediatric Psychology* 1(2):83-87, Spring 1976.

Child-oriented primary prevention and secondary intervention and rehabilitation programs are discussed. Four areas for early identification of abuse include the pregnancy and perinatal care system, the school system, public health, and law enforcement. A psychologically sensitive obstetrician may be the first health specialist to see indications of the potential for abuse. Similarly, the perinatal well-baby and emergency room staff should be alert to suggestive signs. Observations of the hospitalized child and its parents, separately and together, and the infant's responses to parental separation and to hospitalization may be useful. School personnel should be alert to bruises, unexplained absences, and performance below potential. The public health nurse may discover family pressures needing public health intervention to prevent possible child abuse. Law enforcement officers investigating family disturbances should observe all children within the home for possible signs of abuse. Prophylactic and preventive programs are offered by cooperative nurseries, Head Start programs, day care centers, and federally funded experimental therapeutic day care centers. Programs more specific to the nuclear family are providing innovative treatment modalities using multidisciplinary group and family therapy, parent education programs, and, for the child, nurturant mothering and rehabilitation through the use of both professional and lay parent-surrogate models. The importance of early positive attachment and emotional bonding in the infant-parent relationship is stressed. 24 references.

**CD-01874**

California Univ., Los Angeles, School of Medicine.  
**Clinical Application of the PD, MA and (OH) Experimental MMPI Scales to Further Understanding of Abusive Parents.**

Paulson, M. J.; Schwemer, G. T.; Bendel, R. B.

*Journal of Clinical Psychology* 32(3):558-564, July 1976.

A study of 53 abusive parents and 113 controls showed that the MMPI scales PD and MA, corrected for K, differentiate between abusive parents and nonabusive psychiatric outpatient parents. More specific clinical information contributed by these experimental scales was derived in order to gain greater psychological understanding of maltreating parents. Standard ANOVA procedures were applied to data from 166 subjects, and 9 experimental subscales of PD, 8 experimental subscales of MA, and the Megargee Overcontrolled Hostility Scale (OH) were scored to compare the samples of abusive and nonabusive parents. Both PD and MA, in addition to 14 of the 17 associated experimental subscales, showed significant differences in mean T-score values between groups, sexes combined. When sex alone as a factor was examined, females scored significantly higher than males on groups combined, PD, MA, and 10 of the 17 experimental subscales. Neither



PD nor MA, and only 1 of the 17 subscales (self-alienation) showed an interaction effect of significance. The OH scale did not differentiate significantly on group, sex, or interaction. 26 references.

**CD-01875**

California Univ., Los Angeles. Dept. of Psychiatry.  
**Suicidal Behavior of Latency-Age Children.**

Paulson, M. J.; Stone, D.

*Journal of Clinical Child Psychology* 3(2):2-4, Summer 1974.

Twelve suicidal, pre-adolescent boys and girls were studied to gain insight into the psychodynamics behind their behavior, and to find preventive indices for early and successful intervention in latency-age suicidal children. Data were collected via anamnesis from the parents and interviews plus complete psychological testing of the children. The socioeconomic average of the children's families was relatively high, so that economic factors did not play a significant role in the suicidal behaviors. Six families were separated by divorce, 2 by death; the remaining 4 families reported serious marital conflict and family disharmony. Neither psychosis, organic cerebral impairment, nor mental retardation were factors contributing to the chronic and acute life threats which these children inflicted upon themselves or others. Suicide was regarded by the children as the only escape from acute emotional pain. In general, the personal-social dynamics that led to this type of behavior included breakdown of the family unit; removal of 1 or both parents by separation, divorce, or death; sibling jealousy as a function of unmet dependency needs; and rejection by peers. The crushing of self-esteem and internalization of hate and anger created feelings of acute rage toward rejecting love-objects. Guilt from repression of these feelings along with interpersonal isolation became the stimulus for depression and suicide. 22 references.

**CD-01876**

**Crises of Family Disorganization: Programs to Soften Their Impact on Children.**

Pavenstedt, E.; Bernard, V. W.

New York, Behavioral Publications, 103 pp., 1971.

Preventive and remedial innovations are described for families in crisis situations. Problems confronting distressed parents and children are documented, and the principles that underlie the recommended interventions are elucidated. The young children of mentally ill parents are described, as well as some practical psychiatric problems involving these children at the county level. Also considered are alienation as a coping mechanism, child abuse as a symptom of family crisis, and the meanings of motherhood in a deprived community. Child psychiatric services in an urban slum are discussed, as well as parental incapacity and the welfare of children. Several illustrative cases are presented.

**CD-01877**

Salop County Council Child Guidance Clinic, Shirehall (England).

**Consciously Rejected Children.**

Pemberton, D. A.; Benady, D. R.

*British Journal of Psychiatry* 123(576):575-578, November 1973.

For the purposes of a behavioral study, consciously rejected children are those whose parents had excluded them from the family and had taken active steps to have them placed elsewhere. Data concerning 8 boys and 4 girls, who were seen between 1967 and 1969, were collected for analysis and comparison with an age-matched control group consisting of successive patients referred to the clinic. Analyses were made of factors such as age, source of referral, ordinal position, school career, presenting symptoms, and intelligence. Notable characteristics of the rejected group included case referrals from a variety of agencies and presenting symptoms such as encopresis, stealing, lying, aggression, negativistic attitude, and parental rejection. Studies of the mothers or fathers individually failed to uncover significant characteristics; however, marital discord was present to a greater degree among parents of rejected children and a greater tendency for parents to remain together existed. Soft tissue injuries predominated among rejected children; their parents frequently submitted vituperative descriptions of the children. As a result of a chronic process of scapegoating, consciously rejected children were seen to be damaged by their inability to establish close relationships with significant people, as evidenced by their behavior away from home.

**CD-01878**

Philadelphia General Hospital, Pa. Philadelphia Sex Offender and Rape Victim Center.

**Children Who Are Victims of Sexual Assault and the Psychology of Offenders.**

Peters, J. J.

*American Journal of Psychotherapy* 30(3):398-421, July 1976.

The thesis is developed that Freudian psychiatrists have too often relegated reports of sexual attacks on children to the realm of childhood fantasy. If the assault is not repeated and if the victim's home life is otherwise tolerable, the psychological harm of the event may not manifest itself during childhood. If the sexual attack is handled improperly or repressed, it may cause serious psychological problems for the victim as an adult. Several cases are described in which sexual assaults in childhood emerged as the root of psychiatric problems in adulthood. In a 6-month period in 1973, 64 child victims of sexual assault, ranging in age from 2 to 12 years, were studied by home visits and psychiatric interviews, and the results of this study are presented as preliminary indications of general patterns. A psychological profile of the child molester is also presented. An immediate supportive response by parents, criminal justice personnel, doctors, and nurses is crucial to preserve the emotional integrity of the child. Particularly when

the offender is a member of the family, care must be taken by service personnel to ensure that the needs of the child are the first treatment priority. 19 references.

**CD-01879****There's a Link Between Animal Abuse and Child Abuse.**

Peterson, K.

*PTA Magazine* 14-16, June 1974.

Experts in the animal welfare field have noted a strong link between animal abuse and child abuse. In many cases a child takes his frustrations out on a pet, either because the child is not taught the value of animal, and consequently human, life or because the child is neglected or abused. Unchecked development of this sadistic behavior is a positive factor in the genesis of adult criminal violence. Although little research has been performed in the area of animal abuse as a predictor, child mental health experts agree that abuse of animals by a child is at least a signal of the child's own maltreatment.

**CD-01880**

Denver Home for Children, Colo.

**Neglecting Parents: Psychosocial Characteristics. Discussant's Comments.**

Philbrick, E.

In: *Neglecting Parents. A Study of Psychosocial Characteristics.* Denver, Colo., American Humane Association, pp. 21-27, May 25, 1967.

The competition for parental attention between material goods and the children of the family is not primary as an etiological characteristic of child neglect. The behavior exhibited by neglecting parents reflects egocentricity, insecurity, anger, and premature emotional development. Rather than aiming for current circumstances, treatment efforts should be targeted at the etiological factors which are responsible for the neglecting parent's behavior. The use of authority by the caseworker in assessing and managing child neglect cases needs to be explored further. Experience with cases which require that a child be separated from his parents reveals a striking unanimity in the profiles of the parents, who display chronic immature, competitive, depriving, and destructive behavior toward their spouses, their children, and other segments of the community. Invariably, the personality damage inflicted upon the child, as borne out by psychological testing, is derived from a psychological and social pathology of faulty parental functioning. 3 references.

**CD-01881**

Westchester County Society for the Prevention of Cruelty to Children, White Plains, N.Y.

**Treating Parental Pathology Through Child Protective Services.**

Philbrick, E.

Denver, Colo., American Humane Association, 18 pp., undated.

The importance of child protective services in treating parental pathology that results in child abuse and neglect is discussed. The old line protective agency has made several contributions to the recognition of why and how protective service must be improved and expanded, including casefinding, guarantee of service, development of special techniques, the therapeutic value of externally applied controls, and treating the "untreatable." The clinical characteristics of the parents of abused children are described, and the focus of treatment is outlined. Separation of the child from the home is not the goal of treatment, but it may be the first step in rehabilitation. The agency, through the worker, becomes a model on which the neglectful parent can pattern his own growth. Various approaches to underwriting the cost of protective services are discussed, such as the purchase of services from public sources by private agencies.

**CD-01882**

Ohio State Univ., Columbus. Dept. of Nursing.

**Intentional Burning: A Severe Form of Child Abuse.**

Phillips, P. S.; Pickrell, E.; Morse, T. S.

*Journal of the American College of Emergency Physicians* 3(6):388-390, November-December 1974.

During the 3-year period from 1971 through 1973, 25 intentionally burned children were admitted to the burn unit of Children's Hospital in Columbus, Ohio. Characteristics of these cases included a history that was inconsistent with the burn, previous or coexistent injuries, characteristic behavior of the parents and children, and specific burn patterns. The latter include distributions on the hands and feet, the buttocks, and perineum, and "tub burns." Parents may show false concern or no concern, and frequently have unreasonably high expectations of their children. They may have been abused themselves as children and are often lonely, immature, or bored. Abused children may be fearful of adults and remain passive during examination. The current series of cases was reported by a hospital social worker, who first approached the parent regarding therapeutic counseling, to the Juvenile Bureau of the Police Department and to the Children's Services Board. Color photographs and x-rays were useful for documentation. Court action was initiated in 17 of the 25 cases, and in most cases, the hospital social worker represented the entire burn team in court. Eleven children were temporarily removed from the home, and of these 8 have subsequently returned home after the abuser had been separated from the family unit. 8 references.

**CD-01883**

Radcliffe Infirmary, Oxford (England). Dept. of Paediatrics.

**Salicylate Poisoning as a Manifestation of the Battered Child Syndrome. (Letter).**

Pickering, D.

*American Journal of Diseases of Children* 130(6):675-676, June 1976.

The case of a 19-day-old girl who presented with neonatal hypoglycemia due to salicylate poisoning was reassessed in the light of a later admission of the same patient, when evidence of serious bruises on the head and extremities was seen. At first, the salicylate poisoning was considered accidental; however, the later incident, in corroboration with personality reports of the mother, was sufficient reason to suspect that the aspirin overdose incident was deliberate. Practitioners are advised to test the urine of battered children to screen for possible evidence of intentional poisoning. 1 reference.

**CD-01884**

National Society for the Prevention of Cruelty to Children, Manchester (England).

**The Management of Non-Accidental Injury to Children in the City of Manchester.**

Pickett, J.

In: Borland, M. (Editor). *Violence in the Family*. Atlantic Highlands, N.J., Humanities Press, Inc., pp. 61-87, 1976.

The Child Abuse Policy Committee of the city of Manchester, England, became operational in 1973 and has the following functions: to provide services in known or suspected cases of child abuse; to provide multidisciplinary consultations; to maintain a central case register; to coordinate services and ensure case conferences; to undertake research; and to provide information to the professions and to the general public. Children up to age 16 who have had an injury and who are thought to be at risk are served. The nature of the injury must be inconsistent with the parents' or caretakers' history, or other factors must indicate that it was probably nonaccidental. The unit team is on call 24 hours a day, and caseloads are generally limited to 12 per worker. In addition to on-demand supportive service, extensive use is made of day nursery care, group therapy, and volunteers serving as family friends. Consultation services are provided through local hospitals, departments of health and social services, voluntary agencies, and the police. There is no mandated reporting in England, so the effectiveness of the central register depends on voluntary reporting by medical and social work personnel. Once a case is identified to the special unit, steps are taken to see that communication occurs among the involved agencies. The case conference is a vital part of management. Monitoring is effected by 3-month reports from the community physician and the head of the social work agency serving the family. 13 references.

**CD-01885**

Womack Army Hospital, Ft. Bragg, N.C. Dept. of Clinical Psychology.

**Administrative Problems in Child Abuse Services.**

Piersma, H. L.

*Journal of Pediatric Psychology* 1(2):41-44, Spring 1976.

Some of the administrative problems frequently encountered in child abuse evaluation and treatment are discussed, and some means for ameliorating these problems

are suggested. One reason for the complicated coordination between professionals is that child abuse cases initially present themselves to a variety of professionals. Another problem derives from the fact that lines of authority and responsibility among professionals are not clearly defined. Administrative difficulties often foster dissension among professionals through administrative red tape and resulting frustration, which may cause the avoidance of evaluating existing programs. The responsibility for program development, evaluation, and administration should be given to individuals who are both trained and interested in these areas, rather than to social workers. More full-time professionals in child abuse work would also lessen the problems. Distinctions should be made between those professionals whose primary responsibility are therapeutic and those whose primary functions are administrative. More questions should be asked regarding the possibility of change of existing systems.

**CD-01886**

Saint Louis Univ., Mo. National Juvenile Law Center.

**Protection for Abused Children: Review of Recent Legal Developments.**

Piersma, P.

*Journal of Pediatric Psychology* 1(2):77-79, Spring 1976.

Recently, most of the state child abuse reporting statutes have been amended to enable the states to receive federal funding under the Child Abuse Prevention and Treatment Act of 1974. Some of this recently enacted legislation presents serious legal difficulties. Constitutional standards were recently applied by a federal court to an Iowa statute, which was found lacking in specificity, and was therefore unconstitutionally vague. Parental behaviors justifying state intervention are typically defined in extremely vague terms. Although central registers are not provided for in most model acts, most states have created such registers as a preventive tool against child abuse. The registers are designed to provide physicians, social workers, and judges with information regarding prior reports of child abuse, but are seldom used in that way; strict measures must be enacted to protect dissemination of information contained in the register. A gubernatorial veto was exercised in Pennsylvania in late 1974 because a reporting statute passed by the legislature did not protect the privacy and integrity of the family. The bill failed to provide for a hearing either before or after the child was taken into protective custody. The importance of independent counsel for parents and child is stressed. 10 references.

**CD-01887**

Oregon State Dept. of Human Resources, Portland. Children's Services Div.

**Permanent Planning for Foster Children: The Oregon Project.**

Pike, V.

*Children Today* 5(6):22-25, 41, November-December 1976.

The "Freeing Children for Permanent Placement" project of the Oregon State Department of Human Resources

emphasized aggressive planning and casework techniques to achieve permanent homes for over 500 children adrift in foster care by terminating parental rights. To be accepted for the project, children had to have been in foster care for at least one year; had to be unlikely to return home; and had to be adoptable. Caseloads were limited to 25 children per worker. Fifteen of the state's 36 counties participated in the project. Before termination of parental rights proceedings were initiated, efforts were made to return the child to his natural parents; 26 percent were eventually reunited with their families. Of the other children, 36 percent were freed for adoption, 7 percent continued to live in long-term foster care, 9 percent were not satisfactorily resolved, and 19 percent were still being processed 3 years after the project began. Barriers to permanent planning, condition cases, conduct cases, desertion and abandonment cases, and bringing cases to court are discussed in detail.

**CD-01888**

North Carolina State Office of the Chief Medical Examiner, Chapel Hill.

**The Child Medical Evaluation Program.**

Piver, L. C.; Auyash, S.; Parker, L.

*Carolina Forensic Bulletin* 3(1):1-11, February 1976.

The proposed system for medical evaluation of abused and neglected children in North Carolina is described. The objective of the system is to provide a standardized physical examination of children referred by Social Services. Community physicians throughout the state will be recruited and subcontracted to carry out the physical examinations. These physicians will help to enlist community support and to encourage effective information exchange and cooperation among social services, law enforcement, public health, schools, mental health, and other community elements. The coordinated network will be developed over a period of 3 years. Regional staff physicians will provide ongoing medical training as required. Physician compensation will be funded through Title XX funds with matching state monies. It was estimated that by July 1976, a network of 125 physicians would be operative in 70 counties. A brief review of child abuse and neglect literature is appended.

**CD-01889**

Boston Juvenile Court, Mass.

**The Judicial Dilemma in Child Abuse Cases.**

Poitrast, F. G.

*Psychiatric Opinion* 13(2):23-28, April 1976.

Abused or neglected children generally come before juvenile courts in Care and Protection actions, in which individuals have the statutory right to petition on behalf of a child. The petitioners can allege that the child is without necessary and proper physical, educational, or moral care and discipline; the child is growing up under damaging circumstances; or the child lacks proper attention of parent or guardian. The increase of Care and Protection cases

before Boston Juvenile Court has been dramatic, from 4 in 1968 to 99 in 1974. This can be attributed to changes in reporting laws and public awareness. Analysis of the 1974 caseload indicated that children named in the cases had more physical, psychological, and emotional problems than their siblings who were not named. Child battering was the most common reason for petitions. The mother was responsible in most cases and the children were usually the youngest in the family. More than half the cases involved a known history of familial violence; 23 percent had a documented history of generational child abuse. Because of evidential difficulties, formal criminal proceedings are rarely followed. Juvenile courts generally require proof that a child is at risk of harm or neglect. Determination involves investigation by an independent agency and disposition often involves court consultation with other professionals. Boston Juvenile Court has a clinic which makes psychiatric evaluations and treatment recommendations to the Court. There is a strong legal presumption in favor of parents retaining custody. In achieving rehabilitation, the court generally attempts to create conditions which will enable a family to be reintegrated in a way that protects the child's health. The court can also serve as a catalyst for getting services to families which are reluctant to seek them out. Common characteristics of abusing parents are briefly mentioned.

**CD-01890**

Georgia Univ., Athens. School of Social Work.

**Early Warning Signals of Child Abuse.**

Polansky, N. A.

Social and Rehabilitation Service Conference on Early Warning Signals of Child Abuse, Atlanta, Ga., 8 pp., November 27-29, 1973.

A discussion of early warning signals of child abuse and neglect covers the significance of early warning signals, the place of early warning signals in a total, integrated program of services, research strategies and tactics, and criteria for the early warning signals that might be worth investigating. A network of services is needed that provides prevention; equilibrium sustenance (keeping a family together); prosthetics or services aimed not at curing families, but at offering artificial supports for functions more adequate families perform by themselves; and deviation amplification -- services aimed at getting families to change their level of functioning. Early warning signals are mostly preventive. Research strategies should include ex post facto studies and some kind of discriminant-function type of analysis. Overambitiousness should be avoided. Early warning signals to be investigated should be easily visible so that relatively untrained people can spot them, and so that they may show up in settings in which many young families come under systematic observation. The criteria for selecting early warning signals should be politically viable and treatment-oriented.

**CD-01891**

Georgia Univ., Athens. School of Social Work.

**Measuring Adequacy of Child Caring: Further Developments.**

Polansky, N. A.; Pollane, L.

*Child Welfare* 54(5):354-359, May 1975.

The Childhood Level of Living Scale (CLLS) was applied to 63 Appalachian families at or below the poverty level and to 93 families on Aid for Dependent Children (AFDC). The CLLS consists of 2 main parts: physical care and emotional care (cognitive care). The internal consistency of the physical care subscale as applied to the nonwelfare sample was high, as indicated by a Kuder Richardson formula 20 value of 0.95. Poor, rural children on AFDC were significantly more deprived than those from comparable settings, but not on welfare. The score on the CLLS correlated significantly with intelligence, even with maternal intelligence partialled out. The CLLS score also correlated significantly with features of the parents' personalities independently measured. Various features of child caring assessed by the methods tended to vary together. This covariance was apparent even among factors that did not appear susceptible to distortion from an overall bias taken by the rater (halo effect). The poverty child who is markedly deprived in one area of life is likely to experience deprivation in many others as well. 5 references.

**CD-01892**

Portland State Univ., Oreg. Regional Research Inst. for Human Services.

**Is This Child Likely to Return Home? Some Implications for Policy Drawn from the Research on the Project: 'Freeing Children for Permanent Placement.'**

Portland State Univ., Oreg. Regional Research Inst. for Human Services, 10 pp., July 28, 1975.

The project, "Freeing Children for Permanent Placement," conducted by the Oregon Children's Services Division (CSD) and sponsored by the Office of Child Development (DHEW), is attempting to demonstrate ways of developing permanent plans for children who seem in danger of drifting in foster care without a clear sense of direction. Research efforts have been directed toward investigating the barriers that must be overcome in order to make permanent plans for this group of children. A follow-up study on a random sample of 210 screened cases from 15 counties asked for the child's current status. Plans were mentioned in only half the cases, suggesting that goal-directed management of cases is not universally practiced. Analysis of the decision-making process reveals that many times key decision points are ignored. A method for evaluating decision-making aspects of case management is being developed. Options that should be or are being considered by the project include planned long-term foster care, and legally freeing children for adoption by foster parents or others. Institutional barriers to permanent placement were assessed; court barriers were not as powerful as CSD barriers, such as staff preconceptions and lack of knowledge and experience in court. Project results to date indicate that there is value in making special efforts directed toward implementing permanent planning for children.

**CD-01893**

Portland State Univ., Oreg. Regional Research Inst. for Human Services.

**Freeing Children for Permanent Placement.**

Portland State Univ., Oreg. Regional Research Inst. for Human Services, 15 pp., August 1975.

Second-year activities of the Freeing Children for Permanent Placement project sponsored by the Office of Child Development (DHEW) are reported. The project's purpose has been the achievement of permanent planning for children in substitute care under the supervision of the Oregon Children's Division (CSD) in 15 counties. A primary focus of casework efforts has been to locate and involve the parents of these children in intensive service plans to reunite families. To date, 83 children have been returned to their parents; most of the placements are going well and are considered permanent. Many parents decided to relinquish voluntarily their rights; 150 children have been freed for adoptive placement; 19 children are half free (1 parent has released); and 29 children are awaiting appellate court decisions. An additional 46 children have been referred for other planning, and 174 remain in foster care. The most important accomplishment to date has been the State vs. Wade decision issued by the Oregon Circuit Court of Appeals which stated that in all termination proceedings there are potential conflicts between the interests of the children and those of both the state and the parents, and that independent counsel must represent the children in all termination proceedings. A permanent planning manual is being created. Changes in staffing are discussed and plans for the next year are briefly outlined.

**CD-01894**

Portland State Univ., Oreg. Regional Research Inst. for Human Services.

**Freeing Children for Permanent Placement.**

Portland State Univ., Oreg. Regional Research Inst. for Human Services, 15 pp., October 1974.

First-year activities of the Freeing Children for Permanent Placement project sponsored by the Office of Child Development are reported. The project has been designed to achieve permanent planning for children in substitute care under the supervision of the Oregon Children's Services Division (CSD). Reuniting a child with his natural parents is the ultimate goal of the project, but this is not possible in many cases because many children were deserted by their parents. A legal advocate for children was hired for termination of parental rights proceedings. At present the advocate has appealed a case in which the request for a child's attorney was denied; reversal of this decision would set a long-suspected precedent. A total of 2,283 children in foster care in 15 counties were screened to predict their likely future. All children below age 12 who were indicated as not likely to return home were staffed individually and many were accepted into the project caseloads. Children felt to be virtually unadoptable because of severe physical or mental handicaps were not included in the project. Another group was discovered whose barrier to adop-

tion was mainly financial. To date 345 children have been accepted into project caseloads. Of these, 32 children have already been returned to their natural parents; 12 have been returned to regular county caseworkers for recommended long-term foster care; 49 have been freed for adoption by means of voluntary release or court terminations; 24 have been formally placed in adoptive homes; and 25 are awaiting adoptive placement.

**CD-01895**

National Inst. of Child Health and Human Development, Bethesda, Md.

**Abortion or the Unwanted Child: A Choice for a Humanistic Society.**

Prescott, J. W.

*Journal of Pediatric Psychology* 1(2):62-67, Spring 1976.

Data supporting the legalization of abortion are reviewed. A Scandinavian study revealed that more unwanted children had an insecure childhood than control children; more unwanted children had some form of psychiatric care than control children; more unwanted children than control children became delinquent; fewer attained some form of higher education; and more unwanted children than control children received some form of welfare between the ages of 16 and 21 years. Unwanted children and illegitimate births are strongly associated with child abuse and neglect. Cross-cultural studies do not support the anti-abortionist view that abortion is tantamount to encouraging a more violent society; rather, they provide support for the opposite point of view. They also support the view that legalized abortion is a moral, humanitarian act characterized by a concern for the quality of human life, its integrity, and its dignity. The Somatosensory Index of Human Affection was administered to 96 college students (mean age 19 years) and was factor analyzed to assess the relationships among abortion, child nurturance, physical violence, and sexuality. The results supported a relationship among attitudes to child abuse, punishment of abortion, repressive sexuality, a profile of physical violence, alcohol and drug usage preferred to sex, an indifferent mother, and a physically punitive father. Abortion practices in primitive societies are not related to a belief in a supernatural deity or a spirit world. Religious preference and degree of religiosity were not related to abortion attitudes in the college sample. Liberalization of the state abortion laws along the line of the New York State statute is recommended.

**CD-01896**

National Children's Bureau, London (England).

**Identifying Deprived Children.**

Pringle, M. K.

*Proceedings of the Royal Society of Medicine* 67(10):1061-1062, October 1974.

Prevention of deprivation in childhood can come about only by coordinated and integrated contributions from medicine, psychology, sociology, education, and econom-

ics. It must start before the child is even born, or as early as possible. 'At risk' registers might be of considerable value in the detection of handicaps, especially if they lead to differential allocation of resources between high-risk and low-risk children. Five groups of children have a much higher than average chance of becoming stunted or damaged in their development because of personal, family, or social circumstances: (1) children in large families with low incomes and living in poor housing; (2) those growing up in one-parent families; (3) those who have to live apart from their parents; (4) those who suffer from a physical or mental handicap; and (5) those whose parents are mentally handicapped, socially deviant, or emotionally damaged. Utilization of available services is lowest among those who need them most. This problem could be overcome if diagnostic and assessment facilities became less official and more accessible (community-based). Both maternity benefits and family allowances might be made conditional on early, regular, and periodic visits to clinics and other centers. Home visits to vulnerable families should be extended and assessment should be continuous. Vulnerable children should be given a multidisciplinary assessment at least 3 times in their lives: between 9 and 18 months; between 4 and 6 years; and between 9 and 11 years. Early warning signals should be taken into account by all persons in regular contact with children. 10 references.

**CD-01897**

Yale Univ., New Haven. Dept. of Pediatrics.

**Unwanted Children: Four Case Studies.**

Provence, S.

In: Reiterman, C. (Editor). *Abortion and the Unwanted Child*. New York, Springer Publishing Co., Inc., pp. 73-76, 1971.

Case studies of 4 children who were the result of unwanted pregnancies show that in all cases the mothers had expressed a desire to terminate the pregnancies and would have obtained abortions had they been available. The mother of one child was a harassed, ill, and immature woman who did not feel that she could cope with an additional child. The parents of the second child were already satisfied with their family size. An adolescent couple, aware that they were unready for parenthood, were the parents in the third case, and the fourth case involved a woman who was impregnated by a husband unfaithful to her. The damaging impact of the parent's rejection of the unwanted child is clear. The need for available abortions, free of punitive elements, is based on a knowledge of human needs and behavior.

**CD-01898****Development of the Capacity for Responsibility.**

Prugh, D. G.

In: Westman, J. C. (Editor). *Proceedings of the University of Wisconsin Conference on Child Advocacy*. Wisconsin Univ., Madison. Extension Health Sciences Unit, pp. 198-218, 1976.

Factors involved in the development of responsibility in children as they mature are discussed in an attempt to discover specific approaches which can help parents, teachers, and others who influence children to encourage this development. Research on the developmental effects of differing child-rearing practices shows that they have effects on personality development which may encourage or hinder the development of responsibility. Some studies of parental approaches to discipline suggest that unusually restrictive methods, associated with over-punitive, over-protective, or over-dominating parental attitudes, tend to interfere with the later development of children's independence. Love-oriented parenting techniques, including praise and encouragement used by warm parents, combined with parental models of responsibility, are more likely to encourage responsible behavior in children than are power-assertive techniques employed by cold or hostile parents. Children must also be given responsibility in amounts appropriate to their individual needs and capacities in different stages of development. Child advocacy efforts are cited as an example of a broad social responsibility taken on by a number of groups and individuals. 10 references.

**CD-01899**

Queensboro Society for the Prevention of Cruelty to Children, Inc., Jamaica, N.Y.

**Child Abuse: The Feasibility of Establishing a Coordinated System for Maltreatment Services in Queens County.**

Queensboro Society for the Prevention of Cruelty to Children, Inc., Jamaica, N.Y., 245 pp., October 1976.

A study of the network of services involved in the prevention of child maltreatment and the protection and treatment of abused children in Queens County, New York, was undertaken to determine the need for and feasibility of a coordinating system for services delivery. Three randomly selected cases were studied in-depth to determine which agencies became involved and what services were provided. This analysis revealed some duplication of services, omission of some services, and in general an unplanned, uncoordinated system of care. Structured interviews were conducted to determine the views of 21 leaders in the field in Queens County and 166 directors and front-line workers in involved agencies in the area. Respondents thought that the current New York Child Protective Services Act was effective in increasing reporting but not in facilitating services delivery. Most respondents felt that duplication of services was not a problem but that coordination was needed in the areas of prevention and long-term rehabilitation. It was generally felt that there should be one worker responsible for coordination of services and agencies for each multiproblem family. A borough-wide coordinating council could be valuable in planning for child maltreatment intervention, in training workers, in reinforcing lines of communication, and in establishing a network of diagnostic and referral information on involved agencies. The results of the study are compared with past research in a review of literature concerned with

child abuse and neglect, coordinating systems, and Queens County.

**CD-01900**

New York State Div. of Parole, Albany.

**The Battered Child. An Overview of a Medical, Legal, and Social Problem.**

Raffalli, H. C.

*Crime and Delinquency* 16:139-150, 1970.

The incidence, diagnosis, identification, clinical manifestations, treatment, rehabilitation, prevention, and social implications of child abuse are reviewed. The discussion is limited to acts committed by a parent or a parent surrogate. X-rays revealing multiple injuries in various stages of repair are highly suggestive in diagnosis. Another major diagnostic finding is a discrepancy between the clinical findings and the history. Usually both parents deny the event and maintain an air of innocence. Abusing parents are frequently hostile, rigid, compulsive, emotionally cold, passive, dependent, and depressed. Fathers sometimes suffer from serious physical disability. The role of the physician in reporting cases is emphasized, and reasons for his reluctance to become involved are discussed. Warnings by police, judges, probation personnel, and other authority figures are inadequate to prevent reabuse, and the child must be considered to be in grave danger unless it can be proven otherwise. The importance of the team approach to prevention is stressed. 24 references.

**CD-01901**

Abandoned Children of Imperial Russia: Village Fosterage.

Ransel, D. L.

*Bulletin of the History of Medicine* 50(4):501-510, Winter 1976.

The Russian system of village fosterage in the 18th and 19th centuries is briefly described. The system was an outgrowth of a plan devised by Catherine II to deal with the problems of abandonment and infanticide. The original plan was to train children beyond the weaning stage in urban occupations, polite manners, and the essentials of rational thought, and thus develop a new urban society. However, village fosterage was worked into the plan, and peasant women shrewdly exploited it to support themselves and their families. The function of the children, who originally were intended to benefit from the plan, became one of a medium of exchange between the city and the village. They were the carriers of disease, including syphilis, from the city to the village, and their large numbers adversely affected the survival chances of village children.

**CD-01902**

Brompton Hospital. London (England). Dept. of Pediatrics.

**Ventricular Septal Defect in a Battered Child.**

Rees, A.; Symons, J.; Joseph, M.; Lincoln, C.

*British Medical Journal* 1(5948):20-21, January 4, 1975.

A 5-year-old girl presented with cardiac failure and a loud systolic murmur 2 weeks after receiving a kick in the chest from her stepfather. On admission, the patient had multiple bruises, a palpable liver, swelling of the extremities, a sinus tachycardia, a systolic thrill over the anterior chest, and a grade 5-6 pansystolic murmur heard at the left sternal edge of the fourth left intercostal space. Tachypnea and fine crepitations were evident at both lung bases. X-ray examination, ECG, and echocardiography revealed right atrial hypertrophy. Left ventricular cineangiography showed a defect in the ventricular septum. The defect was repaired with a Dacron patch and a right ventricular aneurysm was excised after sufficient time for the margins to fibrose. Ventricular septal defects are rare in the literature and should be considered in cases of anomalous cardiac function following repeated physical abuse. 13 references.

**CD-01903**

New York State Univ. Coll., Oneonta.

**Child Abuse -- Care Enough to Act!**

Regalis, M. T.

*NYSSNTA Journal* 7(2):15-19, Winter 1976.

The role of the school teacher-nurse in cases of child abuse and neglect is discussed. The triad of potentially abusing parent, the special child, and the crisis situation is described, and characteristics of the child, parents, and family dynamics are summarized. Information is provided on the average age of the abused child, the average age at death, and the average duration of exposure to abuse. Most parents are married and living together, and the average age is 26 for mothers and 30 for fathers. Mothers abuse more frequently and more seriously than fathers. Thirty to 60 percent of abusive parents were abused themselves as children. There is a high proportion of premarital conception, youthful marriage, unwanted pregnancies, illegitimacies, forced marriages, social and kinship isolation, marital problems, and financial difficulty. New York State law mandates that suspected cases of child abuse be reported and that the reporter have legal immunity. Clues to an abusive situation include the child's behavior, his appearance, the propriety of his attire, and the attitudes of the parents in dealing with school personnel. The school nurse-teacher can help by making referrals, encouraging school personnel to report suspected cases of abuse, and by instituting a parenting education program for all students as future parents.

**CD-01904**

Regional Inst. of Social Welfare Research, Athens, Ga.

**Proceedings of the First National Conference on Child Abuse and Neglect, January 4-7, 1976.**

Prepared for: National Center on Child Abuse and Neglect (DHEW), Washington, D.C. (OHD) 77-30094, 123 pp., 1977.

The major speeches and workshops of the First National Conference on Child Abuse and Neglect are highlighted. Each of the 3 days of the conference was devoted to a

general theme: the role of government in child abuse and neglect at all levels, and issues and problems in the local delivery of services; methods for improving society's ability to protect children; and parenting and prevention. A list of cassette tape recordings of the major speeches is included, along with ordering information.

**CD-01905**

Manchester Univ. (England), School of Law.

**The Legal Framework.**

Raisbeck, B. L.

In: Borland, M. (Editor). *Violence in the Family*. Atlantic Highlands, N.J., Humanities Press, Inc., pp. 88-106, 1976.

The legal machinery in England for dealing with cases of child abuse and battered spouses is described. Children under the age of 16 are protected by prosecutory statutes against violence from any person over the age of 16. The law applies to any course of conduct likely to cause physical or mental injury, whether the maltreatment has already occurred or is likely to occur. In emergency situations, the child can be legally detained for up to 28 days without a court appearance. Any person can apply for a place of safety order, but this action is usually undertaken by the local social worker. A constable may be authorized to remove children at risk by a place of safety warrant. All the law requires of the applicant is reasonable cause to suspect. The local authority may by resolution assume parental rights over a child in voluntary care, provided the home is considered unfit or the child is mentally ill. In the case of the battered spouse, the magistrates' court may grant a separation order to the wife, and may award custody of the children.

**CD-01906**

Arizona State Univ., Tempe. Dept. of Psychology.

**Experimental Assessment of a Treatment Project.**

Reich, J. W.

*Journal of Pediatric Psychology* 1(2):94-97, Spring 1976.

Preliminary results of a study to ascertain the impact of the Parent Aide Project on abusing parents are reported. The project involves using a lay therapist who establishes and maintains long-term contact with the abusive parents. The study was conducted with 8 abusing parents assigned to the Parent Aide Project, 1 control group of 7 abusing parents having regular social worker contacts only, and a control group of 144 nonabusing parents. Questionnaires were administered to detect group trends both before and after therapeutic intervention. The data were reasonably consistent in showing an increasing movement toward a more positive approach in the interactions of the parents with the aides. The effect this might have on the interactions between parents and their children could not be as-



certained. Methodological and substantive issues involved in research of this type of setting are discussed. 10 references.

**CD-01907**

Pittsburgh Univ., Pa. School of Medicine.

**Child Abuse: A Handbook.**

Reinhart, J. B.; Elmer, E.; Evans, S. L.; Fisher, G. D.  
Prepared for: National Inst. of Mental Health (DHEW),  
Rockville, Md. Center for Crime and Delinquency, 118  
pp., February 1976.

The problem of child abuse in the United States is over-viewed. Topics discussed include the characteristics of abusive parents and abused children; the repetitive cycle of aggressive, abusive behavior; the signs of abuse and neglect; the hospital work-up; social service investigation in suspected cases of abuse; the roles of school personnel, medical personnel, the police, and protective child welfare agencies; and legal aspects of child abuse, including child abuse reporting laws and adoption laws. Case studies are provided, and examples are included of successful and unsuccessful case management. The importance of public education regarding child abuse is stressed, and recommendations are offered to make reporting laws more effective. The multidisciplinary treatment approach is also discussed. 58 references.

**CD-01908****Children in Danger. The Causes and Prevention of Baby Battering.**

Renvoize, J.

London, Routledge and Kegan Paul, Ltd., 193 pp., 1974.

The problem of baby battering in England is presented from the point of view of a nonprofessional. Criticisms and suggestions for improvement are offered to social workers, police, and physicians, especially in the area of case cooperation. Basic distrust among various disciplines often leaves children and families at risk without help. Stories of several battering parents are presented to illustrate the narrow line between discipline and near-cruelty, and between extreme aggravation and uncontrolled attack. Characteristic problems of abusing parents are described along with their own perceptions of how various professionals helped or failed to help them. Positive directions of the National Society for the Prevention of Cruelty to Children including the establishment of a National Advisory Centre to offer education and consultative services are outlined. Some suggestions for preventing mothers from becoming abusers include the establishment of weekly new-mothers clubs to extend postnatal supervision, expansion of direct assistance services, establishment of night nurseries for parents who are victims of the crying child syndrome, and establishment of self-help groups such as Parents Anonymous. 13 references.

**CD-01909**

Albert Einstein Coll. of Medicine, Bronx, N.Y. Dept. of Pediatrics and Community Health.

**The Relation of Severe Malnutrition in Infancy to the Intelligence of School Children With Differing Life Histories.**

Richardson, S. A.

*Pediatric Research* 10:57-61, 1976.

The IQ's of 6 to 10-year-old schoolboys in Jamaica were examined in relation to whether or not they had experienced an episode of severe malnutrition during the first 2 years of life, their height at the time of IQ testing, and their social backgrounds. A multiple correlation coefficient of 0.674 was obtained between IQ and the 3 factors. Social background contributed 0.294 of the variance, height 0.112, and severe malnutrition 0.049. The average IQ for malnourished boys with short height and poor social background was 49.4, compared to an average IQ of 74.9 for the tall boys with favorable social background, who had not been malnourished early in life. Only 2 boys in the most advantaged group had IQ values that overlapped with the most disadvantaged group. Boys with severe malnutrition in infancy but who were tall at follow-up and who had favorable social backgrounds had an average IQ score 11 points higher than boys who did not experience severe malnutrition but who were short at follow-up and had an unfavorable social background. The difference in IQ between boys who did and did not experience severe malnutrition in infancy varied under different conditions of height and social background when those were held constant for both groups. Under the most favorable conditions of being tall and having an advantageous social history, the average IQ of the malnourished boys was only 2 points lower than those not malnourished. Under the most unfavorable conditions of short stature and a disadvantageous social background, the IQ of the malnourished boys was 9 points lower than those not malnourished. It is concluded that severe malnutrition in infancy occurring in a context of an overall history of good physical growth and a favorable social background has a negligible effect on intellectual functioning. However, if severe malnutrition occurs in a context of a poor overall history of physical growth and an unfavorable social background, then later impairment of intellectual functioning can occur. 26 references.

**CD-01910**

Philadelphia Court of Common Pleas, Pa.

**Who Catches the Throwaway Child?**

Richette, L. A.

*Transactions and Studies of the College of Physicians of Philadelphia* 40(4):219-225, April 1973.

The problem of throwaway children, or children unwanted by their parents and inadequately served by legal and welfare systems is briefly discussed. Lawyers are working under an inadequate conceptual framework. The child is often too young to bear credible oral witness and relatives too terrified, thus, the prosecution can rarely prove guilt beyond a reasonable doubt. Medical and social agencies

are reluctant to remove the child from the home, in spite of the risk. Violence against children is linked with poverty, racism, and the quality of ghetto life. Patterns of violence will not change without long-range efforts at reform. However, open community lines, such as CALM (Child Abuse Listening and Mediation), present some immediate hope for abused children. CALM finds potential child abusers and encourages them to accept assistance before the child becomes a parental scapegoat. Philadelphia is currently without such a program. The Philadelphia Young Lawyers Committee has taken a positive step by investigating cases of child abuse and serving as child advocates on a voluntary basis. Legal-medical ad hoc processes in Philadelphia are inadequate, but with CALM and publically supported legal representation for children, a program such as Accelerated Rehabilitative Disposition which would arbitrate cases before they reached the costly and slow court process, the throwaway cycle could be broken.

**CD-01911**

New Jersey State Diagnostic Center, Edison, N.J.  
**The Professional's Role and Perspectives on Child Abuse.**  
 Riscalla, L. M.

American Psychological Association 83rd Annual Meeting, Chicago. Available from the Educational Resources Information Center, 13 pp. (ERIC ED 118 274), August 30-September 3, 1975.

The ways in which professionals inadvertently or deliberately abuse children and perpetuate child abuse are explored. They include (1) harassment and rejection of children by school personnel, leading to truancy or dropping out; (2) treatment of psychological disturbances which do not warrant outside help; (3) pressures from teachers, parents, or psychologists obsessed by marks or by IQ scores and achievement tests; (4) continued use of various forms of discipline; (5) the deleterious consequences of labeling children in special education; (6) harmful consequences of extreme forms of children's rights legislation; and (7) court punishment of abused children by removing them from their homes without considering the child's feelings or the adequacy of the foster homes in which they are placed. Children have the moral and legal right to be considered persons.

**CD-01912**

Coppin State College, Baltimore, Md.  
**Studies of Children Deprived of Human Contact, Interaction, and Affection.**  
 Roberts, A. R.

In: Roberts, A. R. (Editor). *Childhood Deprivation*. Springfield, Ill., Charles C. Thomas, pp. 19-41, 1974.

The etiology of feral children presents a problem which involves questions of animal nurture, innate aggression, autism, or the results of extreme social isolation. Children who are emotionally rejected and deprived of normal human love fail to develop a socialized personality; fur-

thermore, animal and human studies point to a fundamental need for group experience to avoid the development of extremely apathetic and withdrawn asocial personalities, or hostile and aggressive antisocial personalities. This review of the literature covers the 'critical periods' in human development, the significance of the lack of affection or emotional response, the effects of one-parent versus two-parent families on childhood socialization, and isolation in adult life. 46 references.

**CD-01913**

Coppin State Coll., Baltimore, Md. Dept. of Criminal Justice Studies.

**Childhood Deprivation.**

Roberts, A. R.

Springfield, Ill., Charles C Thomas, 209 pp., 1974.

Types of childhood deprivation are examined, with emphasis on etiology, treatment, and prevention. Case histories are provided to illustrate the multidisciplinary treatment approach, and discussions are included from workers in the fields of child psychiatry, psychology, social work, criminology, and education. New legislation, child protective services, social intervention strategies, and appropriate education and treatment for parents are urged. Studies on children deprived of human contact, interaction, and affection are related and the effects of social deprivation on personality are examined. Other topics discussed include affectional deprivation and child adjustment, the abused child, the effect of divorce, the plight of separation and object loss, parental care deprivation as a cause of juvenile delinquency, deprivation in affluent suburbs, the effects of deprivation on speech and language development, and the effects of bereavement on the child.

**CD-01914****Don't Hurt Laurie!**

Roberts, W. D.

New York, Atheneum, 166 pp., 1977.

A fictionalized account of a typical case of child abuse is presented, in which the mother and the victim were deserted by the mother's first husband. The mother remarried a man with 2 children, but the victim was the only child to be abused. The known characteristics of child abuse are presented as they occur in daily life situations. Attempts to conceal the abuse through frequent moves and isolation of the child are noted. Factors contributing to the abuse include anger about desertion by the victim's father, daily stress, and the generational cycle of abuse. The message that the abusive parent is sick and in need of help is conveyed. Also noted is the shame, fear, and withdrawn behavior of the abused child.

**CD-01915**

Hospital for Sick Children, London (England).

**Non-accidental Poisoning: An Extended Syndrome of Child Abuse.**

Rogers, D.; Tripp, J.; Bentovim, A.; Robinson, A.; Berry, D.

*British Medical Journal* 1(6013):793-796, April 3, 1976.

Six cases of persistent nonaccidental poisoning of children by their parents are reported. The first requirement for diagnosing such cases is a low threshold of suspicion. Bizarre symptoms and signs with no apparent pathological explanation should lead to the consideration of pharmacological causes. Once a diagnosis is suspected the child should be admitted to the hospital and the following steps should be taken: (1) compile a full history of the family, including all previous episodes of illness, with special attention given to unusual illness or hospital admission of siblings, psychiatric illness of parents, and harmful drugs available; (2) record all physical findings carefully; (3) immediately collect blood for biochemical analysis, and blood and urine for toxicological analysis; (4) perform electroencephalographic tests; (5) collect and record further data according to a specific plan; (6) record parental visits and activities with child; (7) involve the general practitioner, health visitor, and social workers in the treatment plan. When nonaccidental poisoning has been proven the plan of action should include case conferences, consideration of a place of safety order, a frank explanation of cause of illness to both parents, a suggestion regarding the source of toxic chemicals, recommendations for psychiatric evaluation of the whole family, court involvement, and long-term arrangements. Nonaccidental poisoning may be a result of marital conflict, since similar patterns of disturbed family relationships were found in several cases. The poisoning may create a situation that enables parents to escape from their own physical or psychological illnesses or social problems. At the same time the relationship between parent and child is characterized by longstanding over-involvement with each other. Lack of objectivity on the part of diagnosing clinicians is a problem that must be recognized. 7 references.

#### CD-01916

Northern Ireland Polytechnic, Newtownabbey (Northern Ireland). Ulster Coll.

##### **Isolation in Early Childhood.**

Rogers, S.

Select Committee on Violence in the Family, The House of Commons, London (England). Available from Educational Resources Information Center, 14 pp., (ED 128 073), May 1976.

The effects of extreme isolation on language and psychological development of children are discussed, and the role of isolation as a factor in cases of violence against children is reported. The importance of early socialization is viewed in relation to normal development. Two classic cases of children brought up under conditions of extreme isolation are summarized. One girl spent the first 6 years of life confined to an attic-like room and received essentially no care from her unwed mother. At discovery, the child was extremely undernourished, apathetic, and ani-

mal-like; she could not talk or walk and was capable of nothing that required normal intelligence. She spent the next 4 years in various institutions, and at age 10 she had developed the speech patterns of a 2-year-old. The other girl spent the first 6.5 years of her life confined in a locked dark room with her deaf-mute mother. After 2 years of language training, she had a normal IQ and eventually entered school and made normal progress. Possible differences in the 2 girls which account for the different outcomes are discussed. Isolation was evaluated in 51 cases of maltreatment of children brought to court. There were 24 cases each of gross neglect and of actual bodily harm, and 3 cases of manslaughter. Isolation was not cited by the courts as a major factor in any of the 51 cases, but was identified as a significant factor in all of the case histories. The case of a neglected boy is also reconstructed and developmental damage produced by isolation is discussed. 1 reference.

#### CD-01917

Catholic Univ. of America, Washington, D.C.

##### **They Love Me, Love Me Not. A Worldwide Study of the Effects of Parental Acceptance and Rejection.**

Rohner, R. P.

New Haven, HRAF Press, 300 pp., 1975.

The results are presented of research on 2 questions concerning the meaning of being a human being and the differences and similarities among people, and the worldwide causes and consequences of parental acceptance-rejection. The questions were studied by using the universalist approach, the goal of which is to establish principles of human behavior. The characteristics of the universalist approach are outlined, and ethnographic descriptions of parental behavior and children's responses are provided. Other topics discussed include developmental problems caused by maternal deprivation in humans and monkeys; child abuse; personality disturbances which result from parental rejection; behavior disorders; mental illness; cross-cultural statistical evidence regarding the causes and effects of acceptance-rejection; and socialization practices and personality functioning in 2 nonindustrialized societies.

#### CD-01918

Children's Hospital Medical Center, Oakland, Calif. Children's Trauma Center.

##### **Differences in Parenting and Subsequent Character Structure Development in Child Abuse and Child Neglect.**

Rosenberg, J. E.; Cook, J. H.

*Journal of Pediatric Psychology* 1(2):72-75, Spring 1976.

A theoretical model of parenting experiences is developed for neglectful and abusive parents, and these 2 classes of parents are compared with normal parents. The model presents abusive and neglectful parenting as being at opposite poles, with normal parenting falling between the 2. The mode of being of the neglectful parent is one of re-

signed passivity, compared to the compulsive and over-responsible behavior of the abusive parent. A tone of despair is associated with the neglectful parent, while abusive parenting is associated with desperation. Ideal parents are self-accepting, feel deserving of care and attention themselves, and are able to extend this care and attention to their child. Neglectful parents have a lack of self-esteem, which, coupled with underlying depression, makes it difficult to stretch the sense of self to include an infant. The pervasive low self-esteem of the abusive parent is experienced as constant anxiety about the ability to parent. The ideal parent introduces his child into a world in which trust can be developed. The world of children of neglectful parents is unpredictable, while the abused child lives in a world in which expression of his needs results in a painful response. The ideal parent attempts to reduce the difficulties of the child in his struggle for identity, while neglectful parents have little sense of their child as a person, and abusive parents are usually unaware of their child's stage of development. Possible therapeutic implications of the model are discussed.

**CD-01919**

City Univ. of New York, N.Y. Mt. Sinai School of Medicine.

**Effects of Diphenylhydantoin on Child-Abusing Parents: A Preliminary Report.**

Rosenblatt, S.; Schaeffer, D.; Rosenthal, J. S.

*Current Therapeutic Research* 19(3):332-336, March 1976.

Reports in the literature suggest the possibility that assaultive behavior on the part of child-abusing parents is a dissociative reaction and as such, may be controlled by techniques similar to those employed in the treatment of aggressive impulse control problems. Eleven women and 2 men suspected of physical abuse or complaining of difficulty in controlling extreme punitive impulses against their children were seen in a series of 16 weekly diagnostic evaluation sessions and were treated with either 200 mg of diphenylhydantoin twice a day or an inert placebo for 8 weeks on a random, double-blind basis. Measurements of the drug's effectiveness were assessed with 2 Q-Sorts; Q-Sort A consisted of symptom items from the psychic and somatic complaint scales of the NIMH Depression Study; while Q-Sort B consisted of symptom items from MMPI Scales, Taylor Manifest Anxiety Scales, and the Parental Attitude Research Instrument. The tests were administered weekly to assess changes of attitude toward children, level of depression, hostility, anxiety, and other variables. Results indicated that all but 1 subject in the drug-treated group showed significant depressions in total scores on Q-Sort A between the pretreatment week and the first treatment, while all but 1 in the placebo group showed increases in total scores. Short-term mollification of anxiety, depression, and somatic symptoms was effected in the drug-treated group. Experimental and control groups showed improvements at the end of 6 weeks; however, no significant differences were discernible between the 2 groups, due to uncontrollable confounding factors. The effects of

diphenylhydantoin are similar to those of a mild tranquilizer. No measurable changes attributable to drug action were found on behavioral parameters hypothetically relevant to child abusing parents. 11 references.

**CD-01920**

Children's Hospital Medical Center, Boston, Mass.

**Case Report LVIII -- A Case of Sexual Misuse.**

Rosenfeld, A. A.

*Psychiatric Opinion* 13(2):35-42, April 1976.

Two years of psychotherapeutic involvement with Rhoda, an 8-year-old girl who had been sexually involved with her father, are described. The history of both parents showed incidents of maltreatment in their own childhood and subsequent developmental abnormalities in regard to their sex behavior. Care for Rhoda was intermittent and depended on the interests of one or the other parent. At the age of 2 years the father initiated a sexual relationship with Rhoda. She was brought to the psychiatric clinic for an evaluation while in kindergarten. She was shy, suspicious of adults, and had difficulty making friends. Psychological testing revealed an active, alert girl of superior intelligence in all subtests, who denied the limits of her intellectual ability. At the beginning of her therapy she was frequently seductive and her play oscillated rapidly between sexuality, anger at phallic objects, and oral rage. The second 6 months of therapy involved more play and less sexuality and a gradual learning that rules for adults and children could and should differ in many cases; games of skill played a major role. In the third 6 months of therapy Rhoda began to play a game which revealed her sexual experiences. By the last 6 months she was expanding her horizons and behaved quite normally within her school environment and the therapeutic situation. Clinically, her outlook appeared much more hopeful.

**CD-01921**

Children's Hospital Medical Center, Boston, Mass.

**The Sexual Misuse of Children--A Brief Survey.**

Rosenfeld, A. A.; Krieger, M. J.; Nadelson, C. C.; Backman, J. H.

*Psychiatric Opinion* 13(2):6-12, April 1976.

A conceptual framework for understanding the implications of sexual misuse of children is presented which is based on clinical impressions and literature review. Sexual misuse constitutes the exposure of a child within a given social, cultural context to sexual stimulation inappropriate for the child's age and level of development. This represents a broad range of possible behaviors, some of which fall into the legal concept of sexual abuse. A study of cases of child abuse reported to the Central Registry of Child Abuse in California in 1968 indicated that approximately 550 cases of sexual misuse were reported. Sexual misuse is diagnosed far less frequently than it actually occurs, in part, because of misleading statements by parents at investigations. The phenomenon seems to transcend social

class. The spectrum of sexual involvements between children and adults has at one end, rape, which is the rarest form, and at the other end, seductive and overstimulating behaviors. Many genital traumas are seen by physicians, including injuries caused by rape and gonococcal infections. Cases which involve seductive behavior rarely involve genital contact, but the likelihood of later psychopathology appears strong. Sexual misuse, like physical abuse, usually indicates serious family dysfunction and should be treated with the involvement of all family members. 11 references.

**CD-01922**

Stanford Univ., Palo Alto, Calif. Dept. of Psychiatry.

**Incest and Sexual Abuse of Children.**

Rosenfeld, A. A.; Nadelson, C. C.; Krieger, M.; Backman, J. H.

*Journal of Child Psychiatry* 16(2):327-339, Spring 1977.

The literature on incest is reviewed, including the problems of definition, the family dynamics that support such abuse, and the difficulties in assessing the effects of sexual abuse, particularly incest. Case illustrations from a clinic population focus on the complexity of the issues involved, and emphasize the need for careful, long-term, controlled studies using a broad population base for sampling. Attention is directed to the importance of determining clearer and more substantial criteria for psychological assessment because the specific impact of incestuous experiences is unclear, multidetermined, and may later in life manifest itself in a variety of ways, including sexual dysfunction and depression. It is important that the status of the relationship between the 2 people involved and the nature of the acts committed be specific, since it is apparent that psychological considerations of reality versus fantasy and the importance of a parent versus parent-surrogate relationship may provide a different picture from those derived from a strictly legal perspective. While the child has constantly been viewed as the abused party and one adult has most often been singled out as the abuser by legal authorities, the nature of family interaction suggests that the entire family must be evaluated, especially when treatment is recommended. 31 references.

**CD-01923**

Children's Hospital Medical Center, Boston, Mass. Dept. of Psychiatry.

**Compassion Versus Control: Conceptual and Practical Pitfalls in the Broadened Definition of Child Abuse.**

Rosenfeld, A. A.; Newberger, E. H.

American Association of Psychiatric Services for Children 28th Annual Meeting, San Francisco, Calif., 13 pp., November 12, 1976.

The broadening understanding of child abuse has enabled practitioners to view abusive parents as victims of social isolation and deprivation. Accordingly, child abuse laws have changed dramatically in the last decade to include

virtually all childhood physical symptoms of family crisis; physical, sexual, and emotional abuse, as well as child neglect, are now reportable by most professionals who work with children. While the level of case reporting has shown a steady increase over the years, the available services to eligible families, for the most part, do not approach the humane spirit implicit in child abuse legislation. Society and helping professions are caught in a dilemma of compassion vs. control. This dilemma is analyzed and psychiatric guideposts for more rational case management and decision making are proposed. 27 references.

**CD-01924**

Michigan Univ., Ann Arbor. Dept. of Psychology.

**Early and Late Postpartum Illnesses.**

Rosenwald, G. C.; Stonehill, M. W.

*Psychosomatic Medicine* 34(2):129-137, March-April 1972.

A comparison was undertaken between 12 postpartum psychosis patients whose breakdown occurred within 5 weeks after parturition and 14 in whom the psychosis developed 2.5 to 15 months after parturition. It was hypothesized that mothers hospitalized early were overwhelmed chiefly by the significance of parturition and the existence of the new life, while those hospitalized later collapsed under the emotional burden of having to care for the child. A specially constructed rating manual of 107 items was applied to each of their hospital records. The items represented 8 clusters or traits: (1) withdrawal, (2) thought disturbance, (3) overinvolvement with the body, (4) rejection of nurturance, (5) dependency, (6) egocentrism, (7) social manipulation, and (8) depression. It was predicted that patients admitted early would show more evidence of traits 1 to 3 than those admitted later, and that the reverse relationship would exist with items 4 to 8. The anamneses of early patients yielded a significantly greater incidence of withdrawal and thought disturbance, while those of late patients contained more evidence of dependency, rejection of nurturance, egocentrism, interpersonal manipulativeness, and depression. The prediction of greater preoccupation with bodily sensations and processes in early patients failed. Delusions were present in both groups, but the content was different. In early admitted mothers, there was more preoccupation with inner deadness, personal transformation, supernatural forces, and thought transmission. The late admitted mothers showed a greater incidence of persecutory ideas and intense obsessional fears of hurting the baby.

**CD-01925**

National Council on Crime and Delinquency, Paramus, N.J.

**Children as Victims of Institutionalization.**

Rubin, S.

*Child Welfare* 51(1):6-18, January 1972.

The tendency in the U.S. to resort to institutionalization for problem children is explored and questioned. Whether

the circumstances involve mental retardation, juvenile delinquency, or child neglect, the underlying principles behind institutionalization invariably concern the rights of children and the question of their status in relation to adults. The right of a child's custody, intellectual freedom, and the position of the state when a child's welfare is in question are fundamental issues which need to be re-examined. The present status of children is a result of established and uncontested social and legal attitudes toward children in society. 23 references.

**CD-01926**

Minnesota Univ., Minneapolis. Univ. Hospitals.  
**Child Abuse and Neglect. A Minnesota Update -- 1977 Beyond the Battered Child Syndrome.**  
 Runyan, D. K.; ten Bensel, R. W.  
*Minnesota Medicine* 60(2):141-144, February 1977.

Increasing knowledge of the spectrum of child abuse is reflected in the increased reporting of cases and the increased attention given the topic by the general population. In the last 5 years, reports in Minnesota have increased dramatically. Since 1971, 1,285 cases of physical and sexual abuse have been reported in Hennepin and Ramsey Counties, 396 of which were reported in 1975 alone. A new Maltreatment of Minors Law was enacted by the state legislature in 1975. This new law clarifies the definition of abuse and expands the definition to include sexual abuse. Any physical injury to a child that cannot be reasonably explained by a parent or other responsible adult is classified as abuse. The number of people mandated to report suspected abuse was also expanded to include any professional or his delegate who is engaged in the healing arts, social services, hospital administration, psychology, child care, education, or law enforcement. The law also provides for voluntary reporting of neglect. The changes in the law and the increase in reported cases will affect the role of the physician in the prevention, diagnosis, and treatment of child abuse and neglect. 4 references.

**CD-01927**

**Research in 1973 in Finland.**  
 Rutanen, E.  
*Psychiatria Fennica* pp. 13-31, 1973.

A critical review of psychiatric research published in Finland in 1973 includes a description of a study of incest. The study showed that incest is etiologically characterized as the result of psychic avoidance of family members and pathological narcissism. In typical cases of father-daughter incest, mothers are usually passive-submissive. The father generally exhibits obsessive megalomania and attempts to hide his guilt by claiming love as the operational motive. While the father may be operating under an ongoing male identity crisis, the passive helplessness which he exhibits may turn to an active domineering attitude which manipulates his daughter as a gesture against his wife. Father-

child interactions normally involve ego regression. Maternal complacency under incestuous circumstances may be viewed as narcissism. In addition, oedipal longings in the mother may be satisfied. Aside from sensual gratification, the daughter may cultivate a powerless dependence on the relationship with her father; such a dependence is potentiated by hatred toward the complacent mother. Daughters usually encounter great difficulty in viewing incest as an act of paternal pathological narcissism. Factors which encourage an incestuous relationship include loss of contact with oedipally derived objects on the part of the parents and middle-age crisis. In another study, examination of a group of filicides which occurred from 1950 to 1970 showed that half of the mothers were psychotic; one quarter were schizophrenic, and the remainder were depressive psychotic or paranoid depressive. According to triggering anxieties, filicides can be classified as presymbiotic, symbiotic, and postsymbiotic. Often the maternal motive for infanticide involves saving the child from a pessimistic future. Numerous references.

**CD-01928**

Rutgers, The State Univ., Piscataway, N.J. Protective Services Resource Inst.  
**The Training Process.**  
 Rutgers, The State Univ., Piscataway, N.J. Protective Services Resource Inst., 53 pp., 1975

The Protective Services Resource Institute was created by enactment of the Child Abuse Prevention and Treatment Act (PL 93-247, S.1191) to provide training, technical assistance, and public information services to agencies in New Jersey, Puerto Rico, and the Virgin Islands. A program planner's guide includes outlines of major aspects of the Institute's operational bases. They include the criteria for training project selection, the needs assessment, planning procedures, the training program, training follow-up, and evaluation. The training program consists of 7 sessions which deal with general orientation, medical aspects of abuse, legal aspects, role and function of the Division of Youth and Family Services, human relations, community resources, summary, review, and group interaction.

**CD-01929**

London Univ. (England). Inst. of Child Psychiatry.  
**Maternal Deprivation Reassessed.**  
 Rutter, M.  
 Middlesex, England, Penguin Books, Inc., 175 pp., 1972.

Among the qualities necessary for normal development are a loving relationship, an attachment of the child to the parent, continuity of the relationship, stimulating interaction, relationship with one person, and mothering in the child's home. Factors which modify children's responses to short-term maternal separation or deprivation are reviewed, and possible psychological mechanisms are discussed. It is concluded that the syndrome of distress (protest, despair, detachment) is probably due to a disruption

or distortion of the bonding process (not necessarily within the mother), and that the syndrome of developmental retardation is probably the result of deprivation of social, perceptual, and linguistic stimulation. The long-term effects of maternal deprivation are reviewed and modifying factors discussed. Although evidence is incomplete, it is usually necessary for the child to have experienced normal relationships during early childhood for affectionless psychopathy to be completely reversible. Complete reversal is probably difficult after three years of age, although improvement may still occur later. A change for the better in middle childhood is associated with a lower rate of disorder, although antisocial behavior is one of the most persistent of childhood psychiatric disorders. Possible mechanisms of the many long-term effects include nutritional deficiency, deficiency in stimulation, distorted intrafamilial relationships, failure to develop attachments, stress, and loss of attachment figure. Numerous references.

**CD-01930****Violence in the Children's Room.**

Sage, W.

*Human Behavior* 41-47, July 1975.

Anecdotal testimony from professionals drawn from sectors of society which deal with abused children confirms the multifaceted etiology of the problem. While child abuse is not a new entity, wider coverage by the media and the enactment of mandatory reporting laws in the 1960's have caused the problem to surface. Estimates of the current reported incidence in the U.S. are placed at 60,000 cases per year, believed to be only a fraction of the actual abuse which takes place. Statistically, abuse appears concentrated on the lower socioeconomic strata, perhaps the result of the lower socioeconomic class' lack of resources to avoid detection or prosecution. A significant stumbling block is the reluctance of physicians in believing that published telltale symptoms of abuse are, in fact, valid. The very nature of some forms of abuse, such as emotional neglect or sexual abuse, are pervasive and difficult to uncover. The passage of the Child Abuse Prevention Act signifies the beginning of a major concerted attack on the problem from the governmental sector. At the same time, private associations are continuing exhaustive examinations of the causes, treatment, and prevention of abuse.

**CD-01931**

San Diego Community Child Abuse Coordinating Council, Calif.

**The San Diego Child Abuse Manual.**

San Diego Community Child Abuse Coordinating Council, Calif., 9 chapters, 1976.

A manual prepared by the Treatment Standards Task Force of the San Diego Community Child Abuse Coordinating Council was designed to present a practical, professional, informed standard of service for use within an

agency, and to offer collaborating services and understanding of the responsibilities and limitations of the agency. Each of the various disciplines and agencies involved in the community-wide collaboration of child abuse-related services attempts to delineate what it can and cannot do. Sections are presented on (1) the legal responsibility and reporting procedures for child abuse in California; (2) guidelines for medical recognition, documentation, and management; (3) the role of law enforcement; (4) the purposes of the probation department; (5) guidelines for public welfare workers in child abuse, including dependency services, child placement, and protective services; (6) guidelines for schools concerning recognition and management of child abuse victims; (7) guidelines for public health nurses; and (8) guidelines for therapeutic assessment, management, and treatment of child abuse. Also included are California Penal Code sections 11161.5 and 11161.6. 9 references.

**CD-01932**

Pennsylvania Univ., Philadelphia. School of Medicine.

**Psychodynamics of Hostility.**

Saul, L. J.; Wrubel, B.

New York, Jason Aronson, Inc., 233 pp., 1976.

The biologic nature and sources of hostility are discussed, with elaboration provided on the psychopathology of hostility. The relationship of hostility and personality is explored, and three hostilodynamic mechanisms are defined: antisocial mechanisms, private mechanisms, and social mechanisms. Social and political attitudes toward hostility are reviewed; the origins of hostility in the home are considered; and the phylogenetic progress, from pecking orders to true leadership, is summarized. The first step toward prevention and cure is to identify those sources of hostile behavior that derive from various aspects of the child-parent relationship.

**CD-01933**State Univ. of New York, Brooklyn. Dept. of Psychiatry.  
**Delinquent Adolescent Girls. Residential Treatment in a Municipal Hospital Setting.**

Scharfman, M. A.; Clark, R. W.

*Archives of General Psychiatry* 17(4):441-447, 1967.

The delinquent subpopulation of female adolescents stands out as an entity which is largely ignored by society. By virtue of their destructive tendencies, they are not allowed to be maintained in the community; however, state hospitals do not present suitable alternatives. The establishment of an adolescent intensive treatment unit at the Downstate Medical Center in Brooklyn, New York, led to the isolation of a core population of girls who are characterized by aggressive antisocial tendencies. The psychopathology of the patient population appears to be rooted in early or marked deprivation, abnormal sexual (incest in some), as well as aggressive, encounters in the family environment, and inconsistencies in discipline and the establishment of

limits of rational thinking. A psychotherapeutic program taking into account the dynamics of the psychopathology was formulated and applied to the patient population. Typical case histories are given. 16 references.

**CD-01934**

Naval Hospital, Portsmouth, Va. Div. of Pediatric Surgery.

**Gastric Perforation and Child Abuse.**

Schechner, S. A.; Ehrlich, F. E.

*Journal of Trauma* 14(8):723-725, August 1974.

Blunt abdominal trauma may result in gastric perforation. Although gastrointestinal injuries are one of the most commonly reported lesions in battered children, stomach laceration is very unusual and appears to occur primarily when the child has a full stomach. Because many family disagreements may begin at mealtime and stomach laceration is an unusual injury, physicians should be aware of the possibility of child abuse. Two cases of gastric perforation which were the probable results of abuse are described. In both instances, surgical intervention was followed by successful, uneventful recovery.

**CD-01935**

New York State Univ., Syracuse. Div. of Child and Adolescent Psychiatry.

**Sexual Exploitation.**

Schechter, M. D.; Roberge, L.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 127-142, 1976.

The history, incidence, and general characteristics of incest are discussed. Several instances of incest are reported in the Old Testament. Incest comprises about 10 percent of the total of child sexual abuse cases. The majority of incest cases appear to involve participants of average to above average intelligence. About 75 percent of the cases involve father-daughter relationships. The father is usually 30 to 50 years old, and the daughters are usually entering adolescence. Sibling incest accounts for about 18 percent of cases, while mother-son incest constitutes only about 1 percent. Violence rarely accompanies the incestuous act; seduction, passive compliance, or sexual curiosity are more common. Guilt seldom plays a significant role, especially if the relationship is mutually satisfying. Personality characteristics associated with incestuous fathers include an introverted personality, a psychopathic personality characterized by indiscriminate sexuality, and a pedophilic personality. Many of the fathers come from broken homes, have little formal education, and leave home at an early age. A poor work history is frequently elicited from the fathers. In general, the fathers have a poorly integrated social perception. The wives in father-daughter incest families may either exhibit immaturity and passive dependency or can actively encourage the incest relationship as a

means of compensating for their own promiscuity. The daughters are frequently struggling with their own emerging sexuality and oedipal feelings and fantasies. Incest before the daughter's adolescence appears to have few pernicious effects on later sexual identification. Eight case histories are briefly presented. The value of a physical examination of the daughter after the act is questioned, because this can intensify the guilt and shame. There is often a need for a long-term therapeutic involvement with the children and the parents, and this may consist of individual, group, family, or marital therapy. Flexible therapy is essential to successful intervention.

**CD-01936**

Colorado Univ., Denver. Dept. of Pediatrics.

**The Long-Term Management of the Child and Family in Child Abuse and Neglect.**

Schmitt, B. D.; Beezley, P.

*Pediatric Annals* 5(3):164-176, March 1976.

Prerequisites for optimal long-term treatment of abused or neglected children and their families include (1) a comprehensive diagnostic assessment of the family; (2) multidisciplinary team decision making and treatment planning; (3) availability of diversified treatment options; and (4) periodic reassessment of treatment plans. Once an entire family has been evaluated, a multidisciplinary team should meet and develop a plan for long-term treatment. The team can consist of physicians, a caseworker, a hospital social worker, a psychiatrist, a psychologist, a police representative, a public health nurse, a legal consultant, and a coordinator. Since treatment often begins at the hospital, guidelines for initial treatment by hospital staff are listed. The main goal in working with abusive parents is to help them relinquish their abnormal patterns of behavior. Treatment modalities available for parents include (1) casework by a child protective services agency; (2) public health nursing; (3) child-rearing counseling; (4) psychotherapy; (5) marital therapy; (6) group therapy; (7) family therapy; (8) lay therapy; (9) crisis hot lines. Treatment modalities for the child usually include pediatric services, crises nurseries, therapeutic play schools, and play therapy. Case management must be flexible so that the child protective services caseworker who usually coordinates the treatment program and periodically reviews results will be able to revise the strategy accordingly. The most important decisions center around the safety of the child. Guidelines for returning a foster child to his natural home are enumerated. 15 references.

**CD-01937**

Colorado Univ., Denver. Dept. of Pediatrics.

**The Child Protection Team: A Problem Oriented Approach.**

Schmitt, B. D.; Grosz, C. A.; Carroll, C. A.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 91-113, 1976.



The inner workings of a problem-oriented multidisciplinary diagnostic child protection team during the assessment and dispositional phase are described. The physician's primary role is one of accurate diagnosis. His other roles include reporting of confirmed cases to the local child protective service, hospitalization of the child when there is a need of diagnosis and protection, and arranging for the evaluation of the abused child's personal, medical, and psychological needs. The social worker's role during the diagnostic phase includes evaluation of the safety of the home; intervention with and support of the parents; initiation of legal action; and initiation of ongoing treatment services. Because some of these tasks may be best carried out in the home and others in the hospital, there is a need for 2 social workers: the medical social worker in the hospital and the community-based social worker or protective services worker. The coordinator aids in gathering information for the team's diagnosis and evaluation and assures that a complete data base is collected for each family. The coordinator also plans the dispositional conference so that it will be an effective and worthwhile meeting. Another role of the coordinator is to provide consultation and support to others in the community who are requesting aid in case assessment for abusive and neglectful families. Twenty-five ground rules for effective team conferences are set forth. The problem-oriented record is described, and master problem and treatment lists are summarized. An example of the problem-oriented abuse and neglect report is presented, and the implementation of the problem-oriented record format at multidisciplinary team conferences is discussed.

**CD-01938**

Colorado Univ., Boulder. Dept. of Psychology.  
**A Predictive Screening Questionnaire for Potential Problems in Mother-Child Interaction.**  
 Schneider, C.; Hoffmeister, J. K.; Helfer, R. E.  
 In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community.* Cambridge, Mass., Ballinger Publishing Co., pp. 393-407, 1976.

Field trial results of a questionnaire designed to identify mothers with a high potential for child abuse are reported. Among the 500 mothers evaluated, 267 fell into one of several subgroups: 14 identified child abusers, 67 with a high potential for abuse, 86 model mothers, and 100 with a low potential for abuse. Six clusters accounted for 90 percent of the mean square of the raw correlation matrix: problems with mother, problems with self-esteem, isolation, two clusters of child expectations, and depression or crisis. In nearly 9 of 10 cases, mothers independently assessed to be doing well with their children were identified as low risk by the questionnaire responses. In better than 8 of 10 cases, those independently judged to be having difficulty or as potentially having problems related to their children were identified as high risk. In assessing prediction in individual cases, the single best predictive cluster was the one indicating problems with self-esteem. The

best item for discriminating the known abuser from the high-risk parents was, "When I was a child my parents used severe physical punishment on me." Further research is necessary before the questionnaire can become a clinical tool.

**CD-01939**

Case Western Reserve Univ., Cleveland. Law Medicine Center.

**Legal Medicine as an Interdisciplinary Intellectual Discipline.**

Schroeder, O., Jr.

*Legal Medicine Annual* 399-420, 1974.

Four segments of the law have evolved as relevant to the battered child case. Batterings are considered crimes of assault and battery. Even though the law recognizes the right of parents to discipline with physical force, excessive punishment is a crime. The law provides, via juvenile court acts, a means of protective supervision over neglected or abused children; a juvenile judge can remove a child from his home as a final protective measure. Child abuse reporting legislation represents a third segment of child abuse law. Most recently, legislative efforts have established child protection agencies and their attendant responsibilities. Physicians are required to report suspected abuse and in some cases are penalized if they fail to do so. Physicians are reluctant to perform their duty because they do not want to violate the physician-patient relationship or become involved with the legal process. Medical guidelines have been established for detection of abuse or neglect. A common clinical profile includes failure to thrive, malnutrition, history of neglect or abuse, reoccurrence of soft-tissue injuries, hematomas, and multiple fractures. Parents have often been victims of child abuse themselves. The physician should help the parents as well as the child. His leadership in establishing procedures for the preservation of the family would optimize the effectiveness of his role. Mandatory reporting is the minimum action required. 13 references.

**CD-01940****Prescriptive Package. Child Abuse Intervention.**

Schuchter, A.

Prepared for: Law Enforcement Assistance Administration (Dept. of Justice), Washington, D.C. Available from the Government Printing Office, 157 pp., (GPO 027-000-00387-7), December 1976.

A model system that emphasizes prompt medical treatment for the abused child and due process for both parents and children is described in this first report on child abuse intervention written from the criminal justice perspective. Generally, the recommendations of the report can be implemented in existing agencies without significantly increased expenditures or additional personnel. Under the system proposed, the police would intervene in suspected abuse cases and immediately take the child to a

medical center for diagnosis and treatment. The diagnosis and evidence would be turned over to the prosecutor for a decision on how to proceed. Contrary to existing practices, court action should take the form of a civil proceeding whenever possible. In many cases, the traditional adversary proceeding is unnecessarily punitive and fails to effect a change in the abusive behavior of the parents. A civil proceeding would ensure due process for parents and children in an atmosphere more conducive to finding solutions that protect the child and help the family cope with its problems. Numerous references.

**CD-01941**

Washington Univ., Seattle. School of Medicine.

**Psychiatric Case Report of Nutritional Battering With Implications for Community Agencies.**

Schwartz, L. H.; Snider, J.; Schwartz, J. E.

*Community Mental Health Journal* 3(2):163-169, Summer 1967.

A case of severe neglect and abuse is described. At age 7 years, the child was 35.5 inches tall and weighted 20 pounds. Since early infancy, she had been fed bizzare foods, often no more than table scraps, and had been beaten by both parents frequently. Attempted interventions by relatives met with uncontrollable anger on the part of the mother. Until she was 7 years old, the child had not been seen by a physician. At the insistence of the school officials, she was examined in the hospital and was diagnosed as a dwarf with the bone structure of a 3-year-old. Intervention with the parents by school authorities was unsuccessful. By the fifth grade, the child's health had deteriorated and school authorities referred the matter to the Juvenile Court, where the child was ordered removed to a children's residential treatment center. On admission, she was observed to be immature with a constricted personality structure, had severe nutritional deficiency, and was thought to be pre-psychotic. She showed developmental improvements during her stay at the treatment center. By her sophomore year, she expressed a desire to live with an aunt and uncle, and during her time there she exhibited further development. At age 19, she was doing passing work at school and maintained a good social facade. Poor reality testing and marked constriction in her capacity to respond to others emotionally or to evaluate social situations indicated basic ego defects.

**CD-01942**

Children's Hospital Medical Center, Boston, Mass. Parents' and Children's Services.

**Peer Training for Medical and Dental Personnel in the Area of Child Abuse and Neglect.**

Segal, R. L.; Lutner, L.

Children's Hospital Medical Center, Boston, Mass., 58 pp., December 31, 1976.

A demonstration project is described in which a pediatrician in private practice trained primary care physicians

and dentists in the identification, treatment, and follow-up of cases of child abuse and neglect. It was demonstrated that one highly motivated physician, with the support of a nurse-practitioner, can increase awareness of child abuse and neglect, and coordinate and monitor a relatively large series of child abuse and neglect situations in a relatively short time. However, one such active physician does not necessarily serve as a role model for his peers. A number of reasons were offered to explain the low reporting rates among physicians prior to the project: lack of time, lack of interest, lack of awareness of the problem, lack of familiarity with the resources available, and fear of losing patients. In the geographic area served, there were 7 reported cases of child abuse during 1975. The following year, after the advent of the Peer Approach Project, there were 49 situations reported in which there were 85 children believed to be at risk. Twenty-seven families and 54 children presented to Emergency Room Departments; 9 families with 12 children were reported by neighbors; and 8 families with 13 children were identified through private office calls. Included in the appendices are a questionnaire on child abuse for the doctor, a quiz on services available, emergency room procedures, mechanism for reporting, physical signs and symptoms, suggestions for handling parents, and the child abuse severity index.

**CD-01943**

Sex Problems Court Digest.

**Incest With Adopted Daughter Conviction Reversed -- Otherwise Upheld.**

*Sex Problems Court Digest* 7(3):6, March 1976.

A conviction against a defendant for aggravated incest and taking indecent liberties with his 14-year-old adopted daughter was reversed by the Fourth District Appellate Court of Illinois. The ruling was based on the defendant's contention that the statute defining the crime was unconstitutionally discriminatory against fathers, as incest was defined only in terms of acts committed between fathers and his children. The threat of potential abuse of family authority in incest cases, as previously enunciated, was upheld as a fundamental concern.

**CD-01944**

Missouri Univ., Columbia. Dept. of Child Health.

**Child Abuse -- A Medical Emergency.**

Shaheen, E.; Hussain, S. A.; Hays, J.

*Missouri Medicine* 72(9):532-535, September 1975.

A brief state-of-the-art review of the child abuse problem is presented along with specific information about the management of the problem in Missouri. The national incidence of physical abuse is estimated to be 6 per 1,000 live births. The prevalence is approximately 300 cases per million population. If a child is returned to his parents without any intervention, 5 percent are killed and 35 percent are seriously reinjured. At least 700 children are killed every year by their parents or parent substitutes. In

Missouri, statistics kept by the Division of Family Services in Jefferson City during 1974 showed a total of 1,462 cases of abuse and 11 fatalities. More than half of the reported cases involved preschoolers. Guidelines for the medical diagnosis of child abuse are outlined, and a report should be made when there is a high index of suspicion. The current Missouri law makes failure to report child abuse or neglect by anyone responsible for the care of children a misdemeanor. The primary agencies which have ultimate legal responsibility for follow-up and treatment are the county Division of Family Service and the Circuit Court juvenile officer. At the University of Missouri-Columbia Medical Center, a consultative team has been formed to assist physicians in making the diagnosis and planning treatment in child abuse and neglect cases. The team consists of a pediatrician, a social worker, and a nurse practitioner; consultants from psychiatry, pediatric radiology, and the legal profession are included. 19 references.

**CD-01945**

New York Daily News, N.Y.

**Child Abuse: A Killer Teachers Can Help Control.**

Shanas, B.

*Phi Delta Kappan* 56(7):479-482, 1975.

The role of the teacher in identifying and reporting cases of child abuse is discussed. Because nearly every child in the country comes into contact with the educational system, the teacher is in a particularly advantageous position to identify cases. Unfortunately, large numbers of teachers are still failing to meet their responsibilities, frequently out of fear of parental retaliation. Some school systems have the same school official's name on all reports of abuse so that the individual teacher reporting the case remains anonymous. The magnitude of the problem is illustrated by some data from New York City. In 1971, 866 cases were reported by teachers; in 1973 the figure was 2,120; and after the first 6 months of 1974 the number was 2,666. Still, it is estimated that most cases remain unreported. An abused child may be either aggressive and disruptive or shy and passive. He may come to school early and loiter after school. A tired, listless, lethargic student who falls asleep in class may be suffering from family problems that disrupt his normal routine. The universal nature of child abuse, in terms of socioeconomic class, is pointed out. By doing nothing about suspected child abuse cases, the teacher is not only endangering the child and furthering the ruin of the parents, but he is also contributing to the recycling of the problem, as abused children tend to become abusing parents. The use of corporal punishment in the schools is seen as a sanctioning of physical abuse. Boards of education should take a more active part in sensitizing school personnel to the problem of child abuse.

**CD-01946**

National Center for Education Statistics (DHEW), Washington, D.C. Education Div.

**Neglected or Delinquent Children Living in State Operated or Supported Institutions. Fiscal Year 1972.**

Siegel, L.

National Center for Education Statistics (DHEW), Washington, D.C. Available from the Government Printing Office, 40 pp., 1975.

This is a statistical report of the expenditure of federal funds for supplementary services for neglected or delinquent children in state-operated or -supported institutions for fiscal year 1972. Of 50,575 participating children, 4,963 were neglected and 45,610 were delinquent. The total expenditure from ESEA title I funds was \$16,130,001, of which \$1,601,205 was for neglected children and \$14,528,796 was for delinquent children. Data are broken down separately for neglected and delinquent participants in terms of level of education, remedial and nonremedial direct educational services according to subject area, textbooks, vocational skills, supporting services, and other services. The response rate of institutions returning the reporting form, and a program information report are included in the appendices.

**CD-01947**

Royal Hospital for Sick Children, Edinburgh (Scotland).

**Non-Accidental Injury: A Two-year Study in Central Liverpool.**

Sills, J. A.; Thomas, L. J.; Rosenbloom, L.

*Developmental Medicine and Child Neurology* 19(1):26-33, February 1977.

During the 2-year period 1973-74, 76 children with nonaccidental injury were seen in the emergency department of a Liverpool hospital and reviewed by a multidisciplinary team. A number of features emerged in association with child abuse: male sex, low birthweight, higher risk during the second year of life, a previous history of injury, trauma to the head and face, illegitimacy, younger age pregnancies for the mother, and environmental stress factors. In 40 percent of the cases, a Care Order or other Statutory Order, or a police investigation resulted from the case conferences. 12 references.

**CD-01948**

Colorado Univ., Denver. Dept. of Pediatrics.

**Deprivation Dwarfism.**

Silver, H. K.; Finkelstein, M.

*Journal of Pediatrics* 70(3, part 1):317-324, March 1967.

A series of 9 cases (5 boys, 4 girls, 4-16 years old) of deprivation dwarfism is presented. In 5 patients, prospective diagnoses were made and they were adequately studied in terms of physical, social, psychologic, and laboratory evaluation. All 9 patients demonstrated markedly short stature, a significantly increased appetite, and a marked delay in skeletal maturation, and all had experienced emotional and psychologic deprivation. All had weighed over 2,500 grams at birth and had grown satisfactorily for several months to

6 years before short stature was observed. Disturbances of behavior and development dated back to early infancy, and feeding difficulties and sleeping problems occurred in 4 of the 5 who were studied in detail. Some of the children would eat garbage to satisfy their abnormal appetites. Emotional disorders in the parents, social pathology, or grossly disturbed family relationships were present in all cases. The mothers, in particular, were either depressed and withdrawn or aggressive and rejecting. Psychological testing revealed that 3 of the 5 children were operating at borderline or dull-normal levels; the other 2 had normal intelligence. Bone age was markedly delayed in all 5. In 3 of the 5 cases, it was possible to separate the mother and the child by foster home placement, and in each instance the appetite approached normalcy. In all 3 cases the growth rate increased. For the 2 children for whom foster care was not possible, there was no change in their clinical course. Possible mechanisms of this syndrome are discussed.

**CD-01949**

Rutgers, The State Univ., New Brunswick, N.J. Dept. of Psychiatry.

**Agency Action and Interaction in Cases of Child Abuse.**

Silver, L. B.; Dublin, C. C.; Lourie, R. S.

*Social Casework* 52(3):164-171, March 1971.

A retrospective analysis of the hospital and community agency records of 34 abused children was carried out to determine the roles played by individual agencies and the effectiveness of agency intervention in preventing further abuse. In support of the concept that child abuse reflects family pathology, all physically abused or grossly neglected children should be referred for protective services before they are released from medical care. At the same time that the agency offers help to the family, the health and status of the child can be closely observed, and if any further abuse or neglect occurs, immediate action can be taken. In the study population, the only intervention effective in preventing further episodes of abuse or neglect was removal of the child by the court. The difficulties encountered by the caseworker in deciding whether to remove the child are discussed. Collaborative cooperation is needed among medical, welfare, legal, and judicial services in order to deal adequately with the problem of successful intervention. The importance of early recognition and referral is stressed. 12 references.

**CD-01950****Psychological and Emotional Indications for Therapeutic Abortion.**

Simon, N. M.

*Seminars in Psychiatry* 2(3):283-301, August 1970.

Psychological indications for therapeutic abortion are primarily related to the issue of unwanted pregnancy. Of 249 Swedish women who were refused abortions, 75 percent had serious psychological problems during the 11-year fol-

low-up period. A follow-up of 496 Swedish women who were refused abortions revealed that only 70 percent of the married women and 43 percent of the unmarried women had positive attitudes toward their children. Physical and mental development were satisfactory in 78 percent of the children of the married mothers and 56 percent of the children of the unmarried mothers. A comparison of 120 children born to Swedish women after application for therapeutic abortion was refused with a matched group of 120 children, indicated that the study group had more insecurity in their family life, sought psychiatric help more often, demonstrated more antisocial and criminal behavior, needed more public assistance, were more frequently exempted from military service, were primarily underachievers, and married earlier. Studies of filicides and neonaticides indicated that in 14 percent of filicides and 83 percent of maternal neonaticides, the child was unwanted. Other consequences of unwanted pregnancy reviewed are psychoses and suicidal tendencies in the mother. 40 references.

**CD-01951**

Missouri Univ., Columbia. Child Psychiatry Section.

**A Foster Home for Crisis Placements.**

Simonds, J. F.

*Child Welfare* 52(2):82-90, February 1973.

Problems faced by foster parents and foster children in 6 temporary crisis placements are discussed. The placements were made to allow time for the development of a long-term plan that included return to the child's own home, placement in a long-term foster home, placement in a residential center, or placement in a mental health treatment center. Part of the goal was to help the child accept the long-term plan. The relationship with the foster mother was the key factor in determining the success of the placement. Foster children who had warm feelings for their own mothers took time in transferring these feelings to the foster mother. Some children who were hostile toward their own mothers denied these feelings and were slow to develop a positive relationship with the foster mother, while others readily responded to the foster mother. The presence of the foster family's own children in the foster home made the adjustment easier for the incoming foster child since in many instances they served as models for the foster child. The social standing and respect that the foster family had in their community determined how the foster children were accepted by the neighborhood. The foster family played a part in both communicating the child's apparent needs to the agency and helping him to deal with his own parents. Temporary placement in a foster home is a satisfactory method of helping a large number of children with immediate needs. 9 references.

**CD-01952**

Institute for Child Advocacy, Los Angeles, Calif.

**A Handbook on Child Advocacy.**

Skinner, B.; McClean, P.

Prepared for: Office of Education (DHEW), Washington, D.C. Available from Government Printing Office, 97 pp., May 1976.

The need for child advocates within the educational system is discussed. Parents need basic information in terms of when and under what circumstances they may visit the school; how they can meaningfully participate in school activities; how they can help their children to improve in school; and what to do in case their child is excluded, suspended, or expelled. This involves a delineation of the rights, responsibilities, and obligations of the parents and of the school system. Basic information is provided by enumerating the most commonly encountered problems; the rules, regulations, and administrative and educational codes related to each of these problems; and some methods of handling them. Some general and specific advocacy strategies that parents and agency personnel themselves can employ are presented. Seven basic guidelines are offered concerning knowledge of the issues and problems; who to contact to handle an issue; awareness of attitudes and feelings in order to achieve effective communication with school personnel, students, and other parents; knowledge of the services and programs offered; knowledge of the policies and practices of the school system; awareness of pertinent legislation; and organizing and forming parent groups when needed. 10 references.

**CD-01953**

Connecticut Office of Legislative Research, Hartford.  
**Procedural Rights of Children.**

Sklaver, L.

Connecticut Office of Legislative Research, (76-135), 13 pp., August 6, 1976.

The history of the juvenile court system in the United States is briefly recounted, and the impact of *In re Gault* on the reform of the system is examined in detail. Connecticut is one of 8 states with a separate juvenile court on the trial level. Juvenile or family courts, local courts, or higher trial or appellate courts often exercise concurrent jurisdiction over custody of a child, yet each may recognize and accord to juveniles varying procedural rights. Two basic types of juvenile matters are examined: delinquency or neglect proceedings (usually juvenile court matters), and custody proceedings after termination of a marriage (usually heard by the trial court which hears the dissolution question). Procedural considerations afforded juveniles in each type of case in various states are described. As each situation is examined, procedural aspects such as the child's right to participate and to be represented are discussed, and developments in federal and state law are noted. Provisions of the various state statutes relating to rights and conduct of neglect hearings are presented in tabular form. None of the Connecticut statutes dealing with abuse, venereal disease, or drug use by students requires teachers to make reports of these matters to the student's parents. Connecticut law does require school teachers to make an oral report of child abuse or suspected child abuse to the Welfare Commissioner, the local police department, or the state police immediately, and to file a written report within 72 hours. 10 references.

**CD-01954**

Denver Univ., Colo. Center for Social Research and Development.

**Indian Child Welfare: A Review of the Literature.**

Slaughter, E. L.

Denver Univ., Colo. Center for Social Research and Development, 107 pp., January 1976.

An extensive literature review was conducted to study 2 vital areas of concern in the area of provision of child welfare services to American Indians: the problem of gaps in the Indian child welfare services system due to lack of funding and unclear areas of responsibility among service providers, and the appropriateness of traditional, Anglo-American child welfare policies and principles as applied to services for a minority population with different cultural traditions. Topics covered include historical development and current structure of the service systems, cultural and historical factors bearing on Indian child welfare, general issues in the literature on Indian child welfare, issues pertaining to specific child welfare services, and innovative programs and new approaches. Services provided to Indian people have not been documented, with the exception of Bureau of Indian Affairs activities. Investigation of legal-jurisdictional problems in services indicated conflicting legal interpretations and state reluctance to honor institutions on reservations. Although no hard data were found, protective services for Indian children apparently consists mostly of removing the child from the home. The implementation of preventive and rehabilitative services is urged. 226 references.

**CD-01955**

Columbia Presbyterian Medical Center, New York, N.Y.  
Dept. of Pediatric Radiology.

**Pancreatitis and the Battered Child Syndrome. Report of 2 Cases With Skeletal Involvement.**

Slovits, T. L.; Berdon, W. E.; Haller, J. O.; Baker, D. H.; Rosen, L.

*American Journal of Roentgenology, Radium Therapy and Nuclear Medicine* 125(2):456-461, October 1975.

Two cases of pancreatitis associated with child abuse are reported. Both patients demonstrated the characteristic coarsened duodenal mucosa and duodenal atony on contrast study. Negative skeletal indications were found initially in the first case; however, the child later showed widespread roentgenologic evidence of intramedullary necrosis and periosteal new bone reaction. The lesions healed without treatment. In the second patient, pancreatitis was accompanied by ascites and, subsequently, by bile peritonitis, duodenal obstruction, and a bile-filled abscess in the pancreas; skeletal fractures were evident. The most striking roentgenographic feature associated with periosteal trauma was the involvement of virtually all tubular bones with epiphyseal sparing. In children with pancreatitis accompanied by widespread bone involvement, diffuse infarction is difficult to distinguish from diffuse fat necrosis. The case experience suggests that diffuse periosteal reac-

tion, lytic lesions, and the radiologic signs of pancreatitis should be included among the x-ray characteristics of the battered child syndrome. 14 references.

**CD-01956**

Health Centre for Children, Vancouver (British Columbia).  
Outpatient Dept.

**Child Abuse Health Centre for Children OPD.**

Smith, D. F.

*British Columbia Medical Journal* 18(2):47-49, February 1976.

Six cases of child abuse and neglect seen in Vancouver are briefly presented to illustrate the broad spectrum of presentations which characterize this phenomenon. A 3-year-old girl presented with gonococcal vulvovaginitis as a result of a sexual assault by a babysitter. Although the perpetrator remained unidentified, the child presented with a second episode some 7 months later. A 2-year-old boy was admitted with a primary diagnosis of child battering following beating with a ruler by his drunken father. The child was discharged to his home, where the father continued drinking and beating him. After the father died from an alcohol-related disease, and the mother took a common-law husband, it was necessary to retrieve the children due to a deteriorating home situation related to alcoholism. A 6-month-old boy was hospitalized with a *Shigella* infection. A follow-up series of immunizations was to have been administered, but the father refused the treatment plan. The child was subsequently seen with diphtherial pharyngitis and required an emergency life-saving tracheotomy. Later evaluation by social services revealed strong evidence of physical abuse. In spite of court direction to the contrary, the family abruptly severed all relationships with the clinic and went elsewhere for medical attention. A 10-year-old boy who had been repeatedly beaten by his natural father was placed in foster care; there was no mother in the home. A newborn boy presented with a swollen right testicle, the result of his intoxicated mother's improper diapering technique. An infant of 2 weeks of age suffered a greenstick fracture of the left tibia. Investigation for possible child abuse revealed that the injury was caused by another child and was the result of an accident.

**CD-01957**

Birmingham Univ., (England). Dept. of Psychiatry.

**The Battered Child Syndrome -- Some Research Findings.**

Smith, S. M.

*Nursing Mirror* 140(22):48-53, June 12, 1975.

In a child abuse study conducted at the University of Birmingham, England, over a 2-year period, 134 battered infants and children under 5 years old and their parents were studied in detail. Parents who either admitted inflicting trauma on their children or inadequately explained the injuries were compared with a matched group of parents whose children were admitted as emergency cases. The average age of the children was 18.5 months, thus rein-

forcing the view that any injury to a child under 2 should be suspect. Common injury patterns were found including bruises, fractures, subdural hematoma, and malnutrition. A significant portion of the injuries were burns; almost one-fifth of the children had serious burns or scalds. Parents were young, nearly 4 years younger than the national average when they first gave birth. Lack of family cohesiveness and premarital conception were significant precursors to the battering. Unlike other studies, one-third of the fathers were found to be psychopaths. Knowledge of contraception was minimal. Results show that there was a failure to ensure the welfare of the child. The majority of cases were not brought to the attention of the juvenile court; instead, placing the child on voluntary supervision was the primary course of action. Unfortunately, such a procedure placed too much of the burden on the social worker. Management of the problem has been plagued by an assumption that discussion alone is in the child's best interests. A better method of case management might be a hospital-based, regional team, consisting of a pediatrician, psychiatrist, social worker, and psychologist. A treatment team could tackle the overall problem and improve interagency coordination. 44 references.

**CD-01958**

Ottawa Univ. (Ontario). Dept. of Forensic Medicine.

**The Battered Child Syndrome.**

Smith, S. M.

London, Butterworths, 292 pp., 1975.

The literature on child abuse and society's attempts to deal with the problem are reviewed. Topics discussed include clinical and demographic characteristics, incidence, psychiatric aspects, treatment, legal aspects, and medical reporting. The results of a study of 134 cases of child abuse in England are reported, including the clinical characteristics of the children; the psychiatric and social characteristics of the parents; child-rearing practices and difficulties experienced with the child; and the management aspects and characteristics of identified perpetrators. It is concluded that baby batterers are far less handicapped than was previously thought and that it is wrong, and perhaps dangerous, to rely too heavily on seemingly facile explanations of why parents abuse their children. Abusing parents show characteristics strikingly similar to those of other forms of deviant behavior. It is suggested that treatment is only likely to be a supporting exercise, and that prevention may depend on adequately designed, intensive education in children's needs and development during and following the antenatal stage. An extensive glossary is included. 441 references.

**CD-01959**

Birmingham Univ. (England). Dept. of Psychiatry.

**Interpersonal Relationships and Child-Rearing Practices in 214 Parents of Battered Children.**

Smith, S. M.; Hanson, R.

*British Journal of Psychiatry* 127:513-525, December 1975.

Over a 2-year period 134 battered infants and children under 5 years of age and their parents were studied in detail. Fifty-three children who were admitted to the hospital as accidental emergencies and their parents served as the control group. All parents were seen at the hospital as soon as possible after the child's admission and at home, and were given standardized psychiatric, psychological, and sociological interviews. Questionnaires requiring self-reports on sensitive or threatening matters were included in the interviews. Analysis of the results of these interviews demonstrates that the demanding behavior of battering parents did not exceed that which generally characterizes low social class populations. They were excessive in maternal over-involvement, demands for obedience, and use of physical punishment. Inconsistency and unreasonable practices in child management were major findings among battering parents. Evidence indicates the presence of intergenerational patterns of poor childrearing among the parents. Baby battering appears to be provoked less by the child than by unsatisfactory marital and social relationships. 41 references.

**CD-01960**

Our Lady's Hospital for Sick Children, Dublin (Ireland). **Child Abuse in Ireland. I. Does It Occur? II. Why Does It occur? III. Recognition and Management.** Smith, S.; Deasy, P. *Journal of the Irish Medical Association* 70(3):65-79, March 19, 1977.

The incidence, causes, and management of child abuse in Ireland are discussed. An analysis of medical and social work records establishes the incidence as at least 1 in 700 childhood hospital admissions, although increased awareness would probably double this rate. Abused children generally show multiple features of both passive and active abuse, the former being more common. They are likely to be under 2 years of age and commonly the only affected child in the family. Where siblings are involved, the patterns of abuse tend to be similar. Appreciable morbidity but no deaths were encountered in a 5-year study. Limited maternal intelligence and psychiatric illness, particularly with maternal depression, coupled with inadequate preparation for marriage and parenting appear to be the primary factors leading to abuse. Alcoholism, violent behavior in the home, financial difficulties, marital problems, and inability to cope are immediate causes of abuse. Geographical location, social class, housing, and poverty are not directly related to abuse. Failure to acknowledge the existence of child abuse is the main barrier to its recognition and treatment. There are useful guides to recognition of active abuse but relatively few to passive abuse. Optimal management requires education of involved professional personnel, and public education regarding when and where to seek help for a family in distress should help avoid crisis situations. The need for legal reform is noted, and greater involvement of social workers in child abuse cases is recommended, as is education of children for responsible parenthood.

**CD-01961**

George Washington Univ., Washington, D.C. Social Research Group. **The Status of Children 1975.** Snapper, K. J.; Barriga, H. H.; Baumgarner, F. H.; Wagner, C. S. Washington, D.C., George Washington Univ., Social Research Group, 110 pp., 1975.

The rapid changes in the early 1970s in the conditions surrounding children and in the programs designed to benefit them are explored. Demographic trends since the last decennial census are discussed, and trends most relevant to programs and policy decisions are highlighted. Data are tabulated by economic status or ethnic identity. General classes of developmental problems and relevant programs are considered. Problems reviewed include nutrition, handicapped children, mental health, child abuse and neglect, delinquency, drug and alcohol abuse, and physical health. Analytical methods for deriving indices of developmental risk are discussed. The way in which programs are targeted are examined, as well as the ways in which resources might be targeted more efficiently and more equitably. The need for development of more sensitive measures of developmental risk, which might be used to identify target groups needing services and programs, is stressed.

**CD-01962**

Social Welfare Court Digest. **Mother Guilty of "Neglect"--Baby Injured in Charge of Babysitters.** *Social Welfare Court Digest* 19(11):6, July 1974.

In Re M., 357 N.Y.S. 2d 354, (New York) Family Court, City of New York, New York County, May 20, 1974, found a mother guilty of neglect on charges that she failed to provide proper medical treatment and to report injuries sustained by her 2-year-old child. The child had been injured while in the charge of a babysitter, and the mother delayed 12 hours before taking the injured child to a hospital. The Court stated that the mother exhibited irresponsibility and a lack of moral supervision. The Court ruled that failure to exercise a minimum degree of care resulting in improper supervision is irresponsible.

**CD-01963**

Social Welfare Court Digest. **Child Abuse Charge Sustained -- Involved Sexual Act on Daughter.** *Social Welfare Court Digest* 19(7):6, July 1974.

In Re Hawkins, 351 N.Y.S. 2d 574, (New York) Family Court, City of New York, New York County, January 9, 1974 sustained a child abuse charge involving a sexual act against the daughter by the father. The Court held that the evidence, including testimony of the son who had observed the event, was sufficient to sustain the charge. The

Court also stated that a finding of child abuse by the father does not convict the father, and in fact the father could be acquitted of the very same charge of child abuse in a criminal court for lack of corroboration or proof beyond a reasonable doubt and yet be ordered to cease and desist on a simple uncorroborated finding in a family court.

**CD-01964**

Dartmouth College, Hanover, N.H.  
**Some Factors Associated With Child Abuse Potential.**  
 Sokol, R.

American Sociological Association 71st Annual Meeting,  
 New York, N.Y., 17 pp., September 2, 1976.

In the summer and fall of 1974 a random sample of females, age 18 years or older, were selected from 7 cities and towns in New Hampshire and Vermont for a study of female health problems, needs, attitudes, and experiences with 3 hospitals and planned parenthood agencies. The dependent variable applied in the formulation of survey questions was child abuse potential. An affirmative response to 2 of 4 specially targeted questions constituted an 'abusive' response. Analysis of 360 responses indicated that socioeconomic status was not linked to abusive behavior. Potentially abusive mothers tended to have lower perceptions of self-concept, were in physically more confined homes, had greater involvement with special assistance (welfare, unemployment insurance, or governmental aid), were more deeply affected by disappointments in life, and were generally more anomic than respondents who scored low for child abuse potential. Examination of control factors such as educational level, special assistance, and traumatic disappointments in life validated the survey findings. 14 references.

**CD-01965**

**Law and Child Advocacy in Kentucky Juvenile Courts.**  
 Stamm, M. J.

Prepared for: Kentucky State Dept. of Child Welfare,  
 Frankfort, 179 pp., January 1973.

The legal philosophy of juvenile justice in Kentucky and its application in practice are reviewed. Kentucky's juvenile code gives the county juvenile courts jurisdiction in cases concerning any child who is found to be dependent, neglected, needy, or abandoned. This code also gives the court jurisdiction over proceedings involving any person who willfully injures in health or limb any child, or who endangers the child's morals. Child abuse cases are generally prosecuted under this statute. Another statute names the people who must report abuse or suspected abuse and enumerates some conditions which may constitute abuse. Required reporters include any physician, nurse, teacher, school administrator, social worker, coroner, or medical examiner. Some conditions which may constitute abuse are also specified: serious physical injury inflicted by other than accidental means; the endangering of the child's health from malnutrition or sexual abuse; or gross neglect

which would affect either the physical, mental or emotional well-being of the child. Procedural requirements of the reporting statute are reviewed. Some clinical descriptions of the battered child syndrome from the medical literature are examined, including the characteristics of the abusive parent. The juvenile court is also empowered to remove the child from the abusive situation and to either place the child under supervision in his own home, in foster care, or in a private or public institution. Under Kentucky's statutes, the protection of children and the prosecution of their abusers and malefactors can always be effected. Numerous references.

**CD-01966**

Chicago Univ., Ill. Center for Urban Studies.  
**Number and Kinds of Children's Residential Institutions in the United States.**

Star, S. A.; Kuby, A. M.

Prepared for: Children's Bureau (DHEW), Washington,  
 D.C. Available from the Government Printing Office, 26  
 pp., 1968.

Data on the number and kinds of children's residential institutions were developed as part of a national study of the physical facilities housing children's institutions. In September 1965, there were an estimated 3,763 residential institutions for children in operation in the United States. Fifty-two percent were private, voluntary institutions; a third were public facilities; and 15 percent were private, proprietary operations. Institutions for dependent and neglected children comprised the largest single category with 40 percent of all children's institutions so classified. Private voluntary organizations maintained 78 percent of the institutions for dependent and neglected children. County governments were mainly responsible for public institutions for dependent and neglected children. A majority of the children's institutions sponsored by religious groups provided care of dependent and neglected children. Further data on children's institutions, including breakdowns by type of organization maintaining the facility and by states, are tabulated. The methodology involved in compiling the data is summarized in an appendix.

**CD-01967**

Hawaii Univ., Honolulu, School of Medicine.  
**The Recognition and Early Management of Child Abuse.**

Starbuck, G. W.

*Pediatric Annals* 5(3):146-155, March 1976.

The traditional descriptors applied to nonaccidental injuries inflicted upon children no longer encompass the entire field of abuse and neglect satisfactorily. Physicians need to be cognizant of the value of a broad-range definition to cover deliberate injuries in children since they have a unique opportunity to detect such cases among many cases of accidental injury. Roentgenography is especially helpful in eliminating numerous childhood disorders from diagnoses of child abuse and neglect. Evidence of unex-



plained fractures and bruises in various stages of healing at early stages of motor development combined with inconsistent case histories should raise suspicions among attending physicians. Burns, metaphyseal injuries, bruises, bites, and other commonly encountered injuries are illustrated. The general guideline for early management consists of protective hospitalization during the acute crisis phase; coordination with ancillary health groups, medical specialists, social service agencies, and law enforcement agencies should follow. Ways to deal with suspect parents are suggested. 13 references.

**CD-01968**

Children's Hospital, Detroit, Mich. Family Development Study.

**What Child Abuse Researchers Don't Tell About Child Abuse Research.**

Starr, R. H., Jr.; Ceresnie, S.; Rossi, J.

*Journal of Pediatric Psychology* 1(2):50-53, Spring 1976.

A large-scale ongoing study of families includes a group in which there was an incident of child abuse reported on a child less than 5 years old; a group in which an adult was entering a methadone treatment program for heroin addiction; and a third, matched sample of control families. Data are being collected from 80 families in each group. After a general interview, four measures of social variables are evaluated. Child variables such as birth, health, and developmental histories are examined. Parent variables and child rearing variables are assessed, and marital interaction and conflict resolution are evaluated. Parent-child interaction is assessed through cooperative interaction and through movement synchrony from videotape of parent-child interaction. A predictive questionnaire will be developed and validated in future research. Four classes of problems have been encountered in the research: problems with sample selection and criteria; measurement problems; ethical issues; and the role of the researcher studying social problems. Confidentiality is ensured by assigning to each family a code number. Information is not released to any agency. Any suspected incident of abuse in the control families would have to be reported according to state law. An incident of abuse in the methadone treatment group would pose a serious question of management, because state law requires reporting of suspected abuse cases and federal law prohibits the reporting of any criminal act performed by anyone enrolled in a methadone treatment program. 18 references.

**CD-01969**

Colorado Univ., Denver, Dept. of Psychiatry.

**Violence Within the Family.**

Steele, B. F.

In: Helfer, R. E. and Kempe, C. H. (Editors). *Child Abuse and Neglect. The Family and the Community*. Cambridge, Mass., Ballinger Publishing Co., pp. 3-23, 1976.

The frequency, causes, and results of violence within the family are discussed. Violence within the family has been part of the human condition throughout the recorded history of man. Most murders are committed within the confines of kinship. In some cases, high levels of androgen, a male sex hormone, have been associated with increased violent behavior. The XYY genotype has also been implicated. In general, men are more violent than women, but more women than men commit infanticide. There are many complex psychological, social, and cultural factors involved in the generation of violence. The most common element in the lives of violent or abusive adults is the history of having been neglected or abused to some extent in their own childhood. Abuse or neglect early in childhood predisposes an individual to use aggression as a means of solving problems. This is accompanied by a lack of empathy for other human beings, decreased ability and diminished mechanisms to cope with stress, and vulnerability to the examples of aggression and violence presented by society and culture.

**CD-01970**

Colorado Univ., Denver, Dept. of Psychiatry.

**Working With Abusive Parents From a Psychiatric Point of View.**

Steele, B. F.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C., (OHD) 76-30070. Available from Government Printing Office (GPO 017-090-00019-4), 25 pp., 1976.

The goals of psychiatric treatment in working with abusive parents are discussed. The characteristics of abusive parents are reviewed and the occurrence of a crisis situation precipitating an abusive situation is noted. Goals of therapy include helping the abusive parent to find more satisfaction from the adult world, and helping him to relinquish an abusive, neglectful pattern of child rearing and replace it with a method of care which is more rewarding to the parent and at the same time conducive to optimal development of the child. Methods of treatment include psychoanalytically oriented dynamic psychotherapy, group therapy, behavior modification techniques, role modeling, and learning theory techniques; classical psychoanalysis has also been used.

**CD-01971****Maryland Laws on Child Abuse and Neglect: History, Analysis and Reform.**

Steelman, B. L.

*Baltimore Law Review* 6:113-136, Fall 1976.

The development of Maryland law on child abuse and neglect is discussed. The focus is on evaluation of the current laws and suggestions for legislative reform. In enacting the Child Abuse Prevention and Treatment Act of 1973, Congress established standards to be met by states in order to qualify for federal funds to combat the problem. Mary-

land, although among the first jurisdictions to enact protective legislation for abused and neglected children in 1963, has not met the standards and continues to lose dollars needed to implement training and demonstration programs. While mandating reports of suspected abuse, Maryland has no such requirement with respect to neglect cases. In addition, Maryland's law lacks a provision for mandatory assignment of a guardian ad litem to represent independently the child's interest in abuse cases. The present law does not provide for training and demonstration programs that could generate more awareness of the problem and the law. Current law also fails to impose liability or penalty on those required to report who fail to do so. Placing civil liability upon the physician, the best trained of all professionals to detect cases of child abuse, may encourage more reporting and thus protect more children. Reform also is needed in the present central registry system and suggested innovations are proposed. Numerous references.

**CD-01972****Incest and Human Love: The Betrayal of the Soul in Psychotherapy.**

Stein, R.

Baltimore, Penguin Books, Inc., 200 pp., 1974.

Freud's central assumption, that human development depends on the repression of the incestuous drives, is challenged, and a different attitude toward the incest taboo is proposed. As long as man's animal-instinctual nature is considered inferior to his mind and psyche, no healing of the conflict between the spirit and the flesh is deemed possible. The cultural significance of man's disturbed relationship with his instinctual roots is explored, as well as the effect of this relationship on specific aspects of masculine and feminine psychology, the nature of Eros, and the therapeutic role of the transference phenomenon. Ways in which analysis can become a more satisfactory form of therapy are examined.

**CD-01973**

Regional Inst. of Social Welfare Research, Inc., Athens, Ga.

**Differential Use of Volunteers in Public Welfare Settings: A Pilot Study.**

Stewart, M. L.; Pollane, L.; Blenkner, M.

Regional Inst. of Social Welfare Research, Inc., Athens, Ga., 96 pp., August 1972.

A pilot study to explore differential use of volunteer manpower as it has developed in practice in the public welfare system in 2 urban and 2 rural Georgia counties showed that volunteers were used extensively in direct service capacities, but only token efforts were made to involve clients and potential clients in volunteer programs. Differences between the urban and rural departments reflected the existence of other resources in the departments and in the communities. In the urban departments, volunteers

were used for direct services and received both orientation and supervision. Rural volunteers were used more for indirect services to departments and their clients. The extent to which individual staff members in the agencies used volunteers was related to the staff attitudes toward volunteers. Volunteer activity appeared to be a greater source of satisfaction to low-income volunteers than to white-collar volunteers. Supervision made a substantial contribution to satisfaction. An appendix containing questionnaires and other forms used in the study is included. 20 references.

**CD-01974****Evidence--Privileges: Husband and Wife--Exception for Offenses Committed Against Spouse Applies to Crimes Against Child of Either Spouse.--United States v. Allery, 526 F. 2d 1362 (8th Cir. 1975).**

Stimson, D. C.

*University of Cincinnati Law Review* 45(2):304-310, 1976.

A father was convicted in the U.S. District Court for the District of North Dakota of attempting to rape his 12-year-old daughter. Implicating testimony was given by the daughter, her sisters, and the wife. The father maintained that after an afternoon of drinking he remembered nothing about the alleged incident. He claimed his wife should not have been allowed to testify against him as to his actions of the evening of the attempted rape and as to alleged previous sexual misconduct with the daughter and her sisters. He asserted that her testimony violated the common law privilege prohibiting testimony of one spouse against the other. The Court of Appeals for the Eighth Circuit affirmed the conviction, holding that the exception to the husband-wife privilege for testimony regarding offenses committed against the spouse include testimony regarding crimes against a child of either spouse. The majority emphasized that a serious crime against a child is an offense against the family and thus renders inapplicable the oft-stated rationale of protecting family harmony. Little harmony remains in a family where a parent assaults the children. The Allery court's decision to expand the marital privilege exception is likely to be followed by other federal courts. The holding is in agreement with the trend established by recent state court decisions, modern state statutes, and the intent of the Federal Rules of Evidence. Numerous references.

**CD-01975**

Northwestern Univ., Chicago, Ill. Dept. of Surgery.

**Child Abuse by Burning.**

Stone, N. H.; Rinaldo, L.; Humphrey, C. R.; Brown, R. H.

*Surgical Clinics of North America* 50(6):1419-1424, December 1970.

Twenty-six cases in which burning was the primary type of child abuse and 17 cases in which burns were present but subordinate to some other form of intentional trauma

were seen by the burn unit of the Cook County (Illinois) Hospital over a 4-year period. During the same 4 years, there were approximately the same number of cases which could not be substantiated. During the 4 year period, the proportion of abuse cases to all admissions of children was 0.4 percent; the proportion of abuse cases to all cases admitted to the burn unit, however, was 4.2 percent, or 10 times higher. In burn-abuse, boys were more frequently the victims than girls (20:6). The mean and median ages of the 26 cases were both 3 years. The parts of the body involved by the burns were: face, head, or neck, 2; trunk, 8; upper extremity, 5; buttocks and perineum, 24; and lower extremity, 27. The burning agent was identified in 25 cases as hot liquids, 15; hot metal surfaces, 5; flame, 4; and cigarette, 1. Although the history and physical findings are rarely pathognomic of burn-abuse, the following clues may alert the attending physician to the possibility: (1) multiple hematomas or scars in varying stages of healing; (2) concurrent injuries or evidence of neglect such as malnutrition; (3) history of prior hospitalizations for 'accidental' trauma; (4) an inexplicable delay between the time of injury and the first attempt to obtain medical attention; (5) burns appearing older than the alleged day of the accident; (6) discrepancy between the account of the injury and other evidence; (7) excessively withdrawn attitude in the child; and (8) relatives other than the parents bring the child to the hospital. When there is any suspicion of abuse, the child should be hospitalized for his protection and further medical and social investigations, involving the medical social worker, should be undertaken.

**CD-01976**

New York Medical Coll., N.Y. Dept. of Pediatrics.  
**Needle Perforation of the Liver in an Abused Infant.**  
 Stone, R. K.; Harawitz, A.; San Filippo, J. A.; Gromisch, D. S.  
*Clinical Pediatrics* 15(10):958-959, October 1976.

A 6-month-old boy was admitted to an emergency room with swelling in the upper abdomen area. The area was soft, non-tender, manifested normal bowel sounds, and showed no signs of organomegaly. A sharp mass was felt in the right upper quadrant below the costal margin, directly under a puncture wound. Under general anesthesia, a needle was extracted from the liver. The unsatisfactory alibi from the mother, coupled with the simultaneous admission of a previously documented abused sibling for minor injuries, dictated a diagnosis of child battering. At follow-up, both children had recovered satisfactorily and were subsequently placed in a foster home. The mother was placed under psychiatric care. 6 references.

**CD-01977**

New Hampshire Univ., Durham. Dept. of Sociology.  
**A General Systems Theory Approach to a Theory of Violence Between Family Members.**  
 Straus, M. A.  
*Social Science Information* 12(3):105-125, 1973.

General systems theory is used to formulate a theory accounting for the presence of violence as a continuing element in the social interaction of the nuclear family. The family is generally seen as a social group committed to nonviolence between its members. However, a review of the relevant theory and empirical evidence indicates that intrafamily violence is almost universal. Family organization, family socioeconomic status, individual personality traits, psychopathological traits, occupational roles, precipitating crises, societal opportunities, and deprivations are variables relevant to family violence. The relationships and assumptions implicit in the variables form a set of interlinked propositions accounting for stabilization of violence in the family system. Labeling, secondary conflict, reinforcement, self-concept formation, and role expectations are key aspects in the process. Specific propositions about family violence include the following: (1) most violence is either denied or not labeled deviant; (2) stereotyped imagery of family violence is learned in early childhood from parents, siblings, and other children; (3) stereotypes of family violence are continually reaffirmed for adults and children through ordinary social interaction; (4) violent persons may be rewarded for violent acts if these acts produce the desired results; (5) use of violence, when it is contrary to family norms, creates conflict over the use of violence to settle the original conflict; and (6) persons labeled as violent may be encouraged to play out the role via development of an aggressive self-concept. The utilization of systems theory in research methodology is briefly discussed. 29 references.

**CD-01978**

New Hampshire Univ., Durham.  
**Societal Morphogenesis and Intrafamily Violence in Cross-Cultural Perspective.**  
 Straus, M. A.  
*Annals of the New York Academy of Sciences* 285:717-730, 1977.

Conjugal violence in various cultures is briefly analyzed, and similarities with parent-child and sibling-sibling violence are considered. Intrafamily conflict is common to all cultures. Several theoretical conclusions illustrate the fact that human societies are cybernetic and morphogenic systems operating as part of a larger ecological system: (1) as societal violence increases, there is a tendency for intrafamily violence to increase, which in turn tends to increase societal violence even more; (2) there is a link between violence in one family role with violence in other family roles; (3) intrafamily violence may contribute to maintaining a system such as male dominance; (4) the change from a nonviolent to a violent style of interaction may represent an adaptation to changes in the substance basis of the society; and (5) a changed structure of interaction effects changes in actors and other spheres of interaction. In the history of a society external changes and internal conflicts can lead to changes in the structure of the society itself as a result of cybernetic processes by which events are monitored and controlled in a social system. 71 references.

**CD-01979**

New Hampshire Univ., Durham.

**Violence in the Family: An Assessment of Knowledge and Research Needs.**

Straus, M. A.; Gelles, R. J.; Steinmetz, S. K.  
American Association for the Advancement of Science  
Session on "Crime: What We Know and What We Need to Know," Boston, 51 pp., February 23, 1976.

A brief review of research in intrafamily violence indicates the state of knowledge about the frequency and etiology of such violence, especially violence between husbands and wives. Because the family is the social setting within which a citizen is most likely to be a victim of physical attack, criminologists should focus on violence in the home. Child abuse and wife beating have received some attention but have largely been studied as medical entities. Much could be gained by treating these problems and other family violence as social problems. General theories of interpersonal violence which need to be tested in relation to the specific issue of intrafamily violence are outlined. A series of characteristics which distinguish the family from other small groups and which seem to account for higher violence in the family are presented. Seventeen specific controversies concerning the nature and causes of intrafamily violence are identified. The confusing variety of theoretical knowledge on intrafamily violence calls for intensive empirical research and careful theoretical synthesis. Standard methods of sociological research could be used in such research. 76 references.

**CD-01980**

**Mandatory Reporting of Child Abuse in Nebraska.**

Stuart, D.

*Creighton Law Review* 8(4):791-802, June 1975.

Each of the 2 mandatory reporting schemes under present Nebraska law contains its own working definition of child abuse, delineation of circumstances that require a report, specifications of report content and proper agency to whom the report must be made, provisions of immunity from liability and abrogation of privileges, and criminal penalties. There is no apparent justification for the overlap. Another broader proposal is currently under consideration by the state legislature, which would result in eliminating Nebraska's current dual reporting system by repeal of one of the current provisions. Other proposed reforms, such as expansion of purpose to include the identification of possible neglect and possible danger to a child's mental health, are less desirable. The proposed expansion represents a laudable concern for children's welfare, but it follows a trend that has already considerably decreased the clarity and urgency with which the duty to report can be impressed on the minds of potential reporters.

**CD-01981**

**Bowen Center Project for Abused and Neglected Children: Report of a Demonstration in Protective Services.**

Sullivan, M.; Spasser, M.; Penner, G. L.  
Office of Human Development (DHEW), Washington, D.C., (OHD) 77-02002, 136 pp., 1977.

The Bowen Center was a 5-year project undertaken by the Juvenile Protective Association of Chicago, an all-volunteer agency with a history of efforts to improve services to abused and neglected children. The Center served 35 families in 2 depressed neighborhoods in Chicago's North Side. The families were characterized by pervasive and chronic dysfunction in almost every area of their lives, and their children, at high risk, were referred by other agencies or by the community. Several principles governed the design and implementation of the Center's program: delivery of a range of integrated services; focus on the total family; use of the ego psychology knowledge base; and full commitment to innovation in the development of treatment strategies. Three families at different levels of functioning at intake are described. Ten principal services are described: casework, financial aid, health care, day care, group work, pupil support, homemaker service, shelter care, foster care, and educational therapy. During active contact with the families, only 8 situations called for placement. In 6 families, parental functioning did not improve, but children were maintained in the home. In a small number of families, substantial improvement was achieved in parental functioning and progress of the children. The majority of families fell somewhere in between the 2 extremes. The application of the Center's approach to the field of protective services is discussed.

**CD-01982**

State Univ. of New York, Brooklyn. Pediatric Surgical Service.

**Liver Trauma in Children.**

Suson, E. M.; Klotz, D., Jr.; Kottmeier, P. K.

*Journal of Pediatric Surgery* 10(3):411-417, June 1975.

Analysis of abdominal trauma in urban children admitted to the Pediatric Surgical Service from 1964 to 1971 showed that 31 percent of the patients sustained liver injuries. In children under the age of 13 years, blunt injuries were most common. Generally, blunt injury liver trauma caused by battering or other means leads to multisystem injuries. Battered children characteristically had the greatest lapse in time from trauma infliction to hospital admission -- up to 48 hours postinjury. The review of 35 cases indicated 4 cases of trauma due to battering; 1 patient died from sustained injuries. Guidelines for the management of liver damage are outlined. 15 references.

**CD-01983**

Social and Rehabilitation Service (DHEW), Washington, D.C. Div. of Publications.

**Color Me Grey. Part II.**

Sutherland, D.

*Social and Rehabilitation Record* 3(1):8-11, April 1976.

A review of recent studies of child neglect indicates that there is a strong correlation between child neglect and poverty. The phenomenon exists among all classes but is most visible among poor people because of the pervading stress that poverty imposes. Neglect becomes most likely when a person who is internally disorganized is confronted by circumstances which even rather competent adults would find hard to manage. Ironically, most research aimed at descriptively isolating child neglect is focused on the mother. Interviews of neglectful mothers have revealed that they were likely to have more children, to be without husbands or to have had recent and severe marital problems, and to have extremely limited financial and other resources for child care. Some investigators have detected a generational cycle of neglect. A substantive proportion of all neglectful parents are severely immature. They are dependent, unable to carry continuing responsibility, lacking adequate inner controls, and having poor or distorted judgment. Other factors contributing to child neglect include alcoholism and drug abuse. Neglected children are best identified by their behavior; they may be withdrawn, apathetic, defiant, hyperactive, abusive with siblings and peers, disinterested in learning, bored, and uncooperative. More comprehensive case finding as well as more readily available protective services are needed. Steps taken by the State of Florida and the Tennessee Department of Public Welfare in Nashville to publicize the problem and make emergency services available are described. 1 reference.

**CD-01984**

Indiana Univ., Indianapolis. School of Law.  
**Parent's Right to Counsel in Dependency and Neglect Proceedings.**  
 Sutton, J.  
 Office of Human Development (DHEW), Washington, D.C. Office of Youth Development, (OHD) 75-26037, 14 pp., 1975.

The constitutional arguments relating to the provision of court appointed counsel for indigent parents in child neglect and dependency proceedings are outlined, and recent developments are described; policy considerations are discussed. A parent's due process right to appointed counsel in dependency and neglect cases is derived from the Supreme Court recognition of a right to counsel in many criminal cases. Because of the Court's abrogation of the civil-criminal distinction, the crucial issue has become the severity of the deprivation of liberty at stake. Deprivation of parental rights, even temporarily, is sufficiently serious for due process to require the appointment of counsel for indigents. The due process argument will probably be more successful in providing indigent parents with counsel in dependency and neglect proceedings than the equal protection argument. However, empirical data showing that the results in these proceedings are significantly affected by whether parents are represented by attorneys provide support for the argument that an indigent parent without counsel has been denied equal protection. The

New York Court of Appeals and a federal court in California, have recognized a constitutional right to counsel for indigent parents in dependency and neglect hearings. Both courts based their decision on the due process and equal protection clauses of the 14th Amendment. Policy reasons for appointed counsel for indigent parents include elimination of arbitrariness and improvement of the quality of justice, increased parental confidence in the judicial process, and judicial assistance. Numerous references.

**CD-01985**

Law Hospital, Carlisle (Scotland). Pediatric Unit.  
**Nutritional Marasmus in an Affluent Society.**  
 Talukder, M. Q-K.; Dawson, K. P.  
*Practitioner* 212(1269):359-362, March 1974.

A case of a child who was hospitalized at near death due to underfeeding is described. The infant's father was an unemployed laborer who had been reluctant to find work. Financial problems of the family were chronic. Soon after the child was admitted to the hospital the family was evicted from their home for not paying rent. The mother was observed to be quiet and withdrawn. She seemed below average in intelligence, lacked confidence, and had been suffering from depression since her last pregnancy. Neglect of third child was probably due to her inability to cope with the additional responsibility in an already difficult situation. Her hospital visits were infrequent. The child was diagnosed as suffering from nutritional marasmus. At the time of admission, the infant's diet was deficient by 200 kcal a day. Emergency therapy with intravenous infusions of glucose followed by nasogastric intubations of milk free nutrients plus oral doses of multivitamins restored normal body functions. 6 references.

**CD-01986**

**Adolescents Who Kill Parents--Reactive Parricide.**  
 Tanay, E.  
*Australian and New Zealand Journal of Psychiatry* 7(4):263-277, December 1973.

A review of 3 cases of parricide committed by adolescents reacting to cruel parental domination indicated that (1) the murdered parent was a sadistic person; (2) the whole family feared the murdered parent, especially the adolescent perpetrator; (3) the surviving parent was a passive, dependent individual with masochistic tendencies; (4) parental relationships were sado-masochistic; (5) family life was in turmoil; (6) the slaying of the parent led to an improved family life, with absence of guilt on the part of the perpetrator; and (7) society had failed to respond effectively to the parent's sadistic behavior. The sado-masochistic relationship is the most significant factor responsible for intra-familial violence. This relationship creates an aggressive bond which escalates without gratification. The lack of appropriate responses by society or the extended family is largely due to the mythical sanctity of parenthood, isolation of the nuclear family, concern over individual freedom, and divorce laws. 17 references.

**CD-01987**

Mental Health Manpower and Training, Inc., Buffalo, N.Y.

**Counseling the Abusing Parent By Telephone.**

Tapp, J. T.; Ryken, V.; Kaltwasser, C.

*Crisis Intervention* 5(3):27-37, 1974.

Information is presented to help crisis phone workers understand how they can best aid the potentially abusive parent and to indicate some of the special problems encountered in such a helping process. Two of the major classes of variables that contribute to abuse of children are the history of the abusive parent and parental attitudes toward child rearing. Studies on the character structure of the abusing parent point to distinct clusters of characteristics: a hostile, aggressive lifestyle; rigidity, compulsiveness, coldness, unreasonableness, and closed mindedness; and passivity and dependence. The first step in telephone crisis counseling involves establishment of an emotional link with the client by identifying, accepting, and reflecting feelings. The ability to accept the caller's feelings is imperative and may cause problems. Several suggestions are presented to help the phone worker develop a relationship with the troubled parent. When emotional contact has been made, details of the problem should be explored by focusing on specific behaviors of the client. Open-ended questions should be used to allow maximum response. Avoiding judgment, and using subtle child development strategies are suggested. The phone worker should be able to summarize the problems for the client and should engage the client in a problem-solving process. Community resources can then be explored and an action plan be developed. 2 references.

**CD-01988**

Hospital for Sick Children, London (England). Dept. of Ophthalmology.

**Recurrent Nonaccidentally Inflicted Chemical Eye Injuries to Siblings.**

Taylor, D.; Bentovim, A.

*Journal of Pediatric Ophthalmology* 13(4):238-242, July-August 1976.

The case histories of 2 siblings who presented with unusual nonaccidental chemical eye injuries are presented. A 6-year-old girl, the third child in the family, experienced 9 attacks in 7 months of acute hemorrhagic conjunctivitis associated with a superficial keratitis affecting the lower half of the left eye. The onset of the attacks was always at night, and local antibiotic and steroid treatment always resulted in resolution within a few days. Over the next 2 years, several more incidents of a similar nature occurred, and at one point it was thought that the injuries were self-inflicted. Following an extensive workup, nonaccidental injury was diagnosed, although admission was not forthcoming from the parents. The fifth child in the family, an unwanted male, presented with similar injuries at the age of 6 months, about 6 months after the last attack experienced by his older sister. The condition cleared rapidly on

treatment with chloramphenicol, and the patient was admitted 3 times in the following year with similar complaints. On one occasion, during a hospitalization, the father was observed carrying the child, who was rubbing his eyes, immediately after the child had been heard screaming. The child was removed to a children's home, where he remained free of symptoms for 16 months. Both parents had experienced violent childhoods, and showed evidence of psychiatric problems. 11 references.

**CD-01989**

Trinity Coll., Dublin (Ireland). Dept. of Paediatrics.

**Battered Babies in Hospital--Pathways for Their Care.**

Taylor, M.R.H.; Kevany, J. P.

*Journal of the Irish Medical Association* 69(4):79-83, February 28, 1976.

A flow chart for the management of child abuse cases is presented. Following admission of a suspected case to the hospital, treatment is initiated, the pediatrician informed, and injuries charted and photographed. After alternative diagnoses are investigated and excluded, other doctors and hospitals that the child has visited are contacted. The social worker then checks the home and family background and consults the abused child register. Parents are interviewed if abuse is likely, and if they admit to abuse, further action is discussed with them, hospital assistance is offered, and follow-up is done by the social worker. If the parents do not admit to battering, the current evidence is reviewed and the possibility of a court order is entertained. When there is sufficient evidence, the social worker recommends a care order and the court becomes involved. The child abuse register is always informed. If the parents try to remove the child from the hospital, the police may be called, and a place of safety warrant may be requested. If the parents refuse hospitalization before the diagnosis is confirmed, the course of action depends on the severity of the injuries. In the case of severe injuries, the Society for the Prevention of Cruelty to Children or the Health Board social worker is contacted regarding a place of safety warrant. Mild injuries require follow-up on an out-patient basis by medical and social work personnel, and if there is no further injury, the case is discharged. 3 references.

**CD-01990**

Minnesota Univ., Minneapolis. Dept. of Pediatrics.

**The Physician's Perspective and Role.**

ten Benschel, R. W.

In: Fifth National Symposium on Child Abuse. Denver, Colo., American Humane Association, pp. 16-21, 1976.

In tracing the history of child abuse and neglect, the original articles of Dr. John Caffey in 1946 are landmarks in the medical aspect of child abuse. As interest in the problem grew, so did the questions of definition and terminology of what constitutes abuse or neglect. Child abuse and neglect directly involve the physician, as he or she may be

the primary identifier, especially in cases of physical abuse, sexual abuse, failure to thrive, and cases of emotional cruelty. What constitutes each of these types of abuse or neglect is difficult to determine and requires judgmental decisions of society. Actions the physician can take to clarify his own role and improve his capabilities for dealing with the problem are discussed.

**CD-01991**

Minnesota Univ., Minneapolis. Dept. of Maternal and Child Health.

**The Neglect and Abuse of Children and Youth: The Scope of the Problem and the School's Role.**

ten Bensel, R. W.; Berdie, J.

*Journal of School Health* 46(8):453-461, October 1976.

The spectrum of maltreatment of children in society is defined in terms of historical background, terminology, and dimensions. The potential for abusive behavior in the caretaker, a child who is different in some way, and stressful situations are often at the root of maltreatment incidents. Maltreatment assumes a variety of forms, from physical abuse and violent shaking, to child neglect. The range of pathological findings is as diverse; however, the predominant pathology of abuse concentrates in the central nervous system, bones, and cutaneous tissues. Significant characteristics of abusing parents, abuse victims, and preceding crises are reviewed along with clinical symptoms and sequelae of abuse. The role of the school primarily involves awareness of the problem of maltreatment, identification and reporting of suspected cases, and documentation of the observed injuries. The school plays an important role in the follow-up of individual cases in providing a supporting environment for the child and coordinating with other agencies dealing with the family. 54 references.

**CD-01992**

Minnesota Univ., Minneapolis. Dept. of Maternal and Child Health.

**Neglect and Abuse of Children: Historical Aspects, Identification, and Management.**

ten Bensel, R. W.; King, K. J.

*Journal of Dentistry for Children* 42(5):388-358, September-October 1975.

Focusing primarily on the dentist's role and responsibilities in the area of child abuse and neglect, the historical development of the phenomenon, the current medical terminology, the recognition of the problem by the dentist, and the importance of reporting suspected cases are discussed. Historical aspects include infanticide, ritualistic killing, the industrial revolution and the maltreatment of children, the Mary Ellen case of 1874, and Kempe's establishment of the battered child syndrome as a medical problem. Physical neglect and abuse, emotional neglect and abuse, and sexual abuse are defined. Abusive parents, the abused and neglected child, and conditions which cause

crisis situations are briefly discussed. Physical findings of abuse and neglect are described in terms of radiological-skeletal manifestations, cutaneous lesions, orofacial lesions, neurological manifestations, and gastrointestinal manifestations. Dentists are in a position to take the initial steps to protect and identify abused and neglected children. Guidelines are presented for understanding the phenomenon, reporting, treating, and developing standardized procedures. Orofacial trauma is present in up to one half of the reported cases of child abuse and consists of bruises, burns, lacerations, and fractures of teeth and jaws. 54 references.

**CD-01993**

Minnesota Univ., Minneapolis. Dept. of Pediatrics.

**Child Abuse Following Early Postpartum Separation. (Letter).**

ten Bensel, R. W.; Paxson, C. L., Jr.

*Journal of Pediatrics* 90(3):490-491, March 1977.

Evidence suggesting that early postpartum separation of a baby from its mother contributes to the cause of child abuse is presented. Among a group of 346 infants who were treated in a special care nursery after birth and who were available at 3 year follow-up, 10 were severely physically abused. These 10 infants were compared with a non-abused control group matched for birth weight. The index mothers had a significantly higher incidence of gestational illnesses than the control mothers. By 12 hours after birth, all of the control mothers had visited their babies, but only one-third of the mothers of abused babies had visited. The mean time of first visitation by mothers of abused babies was 21 postnatal hours. In 7 of the index mothers, the delay in first visiting the nursery was reasonably explained as the result of maternal gestational illness. Early interaction between parent and infant in the first 12 hours of life is urged. 6 references.

**CD-01994**

Extended Family Center, San Francisco, Calif.

**Final Report. Extended Family Center. 1972-1975.**

Ten Broeck, E.

Prepared for: Office of Child Development (DHEW), Washington, D.C., 71 pp., 1977.

This report covers the first 3 years of operation of the Extended Family Center (EFC) of San Francisco, during which time the EFC was a federally funded demonstration project. The initial 6-month planning phase was devoted to detailing a pilot program, which constituted the second half of the first year. The first month of the pilot program was devoted to creating physical space for the program and in-service training. Services for parents during the pilot program included group therapy, with special groups for Spanish-speaking parents and for men; occupational therapy, individual and group; individual counseling; advocacy services; emergency services; a Parent Board; and community meetings. Services for children included day care;

meals, including breakfast, lunch, and 2 snacks; extended care for evening meetings; weekly medical check-up and emergency medical care; developmental and psychological testing; emergency child care; and individualized developmental programs. The activities and programs of each of the next 2 years are described, and several case histories are briefly presented. The continuation of the program for one year with local funding attests to its significant impact on the community. Fifty families were being served in the year following its termination as a demonstration project.

**CD-01995**

Extended Family Center, San Francisco, Calif.

**The Extended Family Center. "A Home Away From Home" for Abused Children and Their Parents.**

Ten Broeck, E.

*Children Today* 3(2):2-6, March-April 1974.

Originally established as a demonstration program with support from the Office of Child Development, the Extended Family Center in San Francisco now serves 25 families who were referred because of inability of the parents to protect the children from physical harm. The initial involvement with the children consists of helping them gain trust in their environment. After this is accomplished they are helped to utilize skills appropriate to their age. The approach to treating the parents is based on the belief that the parents themselves, with the help of the professional workers, are the best source of treatment. Staff-led groups are used for parents to support and understand each other. An important aspect of the program is the use of parent consultants, who are formerly abusive parents and are employed as full-time staff. All parents take part in 4 hours of treatment per week and also attend occupational therapy meetings. A round-the-clock emergency service is available for parents. Several illustrative cases are briefly presented. 1 reference.

**CD-01996**

Tennessee State Dept. of Public Welfare, Nashville, Davidson County Office.

**Protective Services in Public Welfare - Davidson County. A Research-Demonstration Project With Protective Services Families.**

Tennessee State Dept. of Public Welfare, Nashville, Davidson County Office, 57 pp., June 1969.

The Demonstration Project in Protective Services -- Davidson County was designed to demonstrate an efficient and effective administrative organization of the kinds of services considered necessary in the rehabilitation and successful intervention in protective services. Research specifications were: (1) the study group consisted of families whose children were in need of protection; (2) the control was group drawn from the same population of families as the demonstration group with the former being the same in all pertinent aspects as the latter; and (3) the research and treatment operations of the project were carried out inde-

pendently of each other so that the evaluation would be free of any subjective involvement of those who administered the treatment. The broad range of services offered only to the study families included emergency funds, homemaker services, psychiatric consultation, legal services, psychiatric and psychological evaluations, professional foster home, tutoring, medical and dental services, and day care services; controls received only existing services. Evaluation of the project was conducted by the University of Tennessee School of Social Work. Statistical analyses were performed on the comparability of the 2 groups, cases handled by the 2 groups, case handling methods, service procedures, time utilization, bureaucratic delays, client evaluations, and number of days before services offered. Project cases were more likely to be closed with higher scores; project workers tended to make better use of their time; and project workers utilized a combination of case-work and service to a greater degree than did control workers. Tabulated data are included.

**CD-01997**

Texas State Bar, Austin, Family Law Section.

**Child Abuse and Protective Services in Texas.**

State Bar of Texas, Austin, 420 pp., October 1976.

A series of reports prepared for an institute series on Child Abuse and Protective Services clarifies Texas law and procedure for groups working in this area. An analysis of the development of the Texas reporting law and an explanation of an agency's response to its responsibilities under that statute are discussed. The statutory authority to name officers to remove a child from existing custody to a court of jurisdiction in order to protect a child's safety and health, as well as a practical guide to the petition filed and subsequent court proceedings, are presented. The legal principles applicable to the initiation of suits affecting the parent-child relationship include venue, jurisdiction, intra-family relationships, and the general concept of conservatorship, together with all rights, privileges, duties, and powers of the different types of conservatorships. Support, enforcement of support, modification of court orders, habeas corpus, legitimation, termination of parental rights, and adoption are also covered. The Child Care Licensing Act, a framework for the protection of children within child care facilities, is analyzed. A child abuse and neglect case example cites to the relevant sections of the Texas Family Code and illustrates legal and social work procedures, assessments, plans, and activities. A summary is provided of the historical data and physical findings which are generally accepted as indicative of abuse and neglect, and the process for initiating a report and the initial management steps are described. A directory of offices and projects concerned with child abuse and protective services is included. Appendices include references to state child neglect laws, a glossary of legal terms, and a bibliography. Child abuse and neglect forms and practice notes cover the stages of investigation, emergency protection, and extended relief (conservatorship and termination). Numerous references.



**CD-01998**

Texas State Dept. of Public Welfare, Houston. Special Projects Bureau.

**Workshop on Using Needs and Resources Assessment Data to Plan Resource Development and Coordination. Exercise Material.**

2nd Annual National Conference on Child Abuse and Neglect, Houston, Tex., 26 pp., April 18, 1977.

Examples of needs and resources assessments for rural and urban counties in Texas are presented. After defining needs, weighted values are assigned to each data source and a list of primary needs is generated. The primary needs list is the focal point from which resources, barriers, and gaps are reviewed to determine the target problem areas. Before determining which target problem areas will be addressed, local considerations such as the sociopolitical environment, funding, personnel, cost factors, and rules and regulations need to be applied to each of the problem areas. Goals and objectives are then developed for dealing with each action area and tasks are determined for accomplishing each objective. The tasks delineated to achieve the goals and objectives represent various techniques for resource development and coordination. These techniques concern strategies for establishing support and, finally, implementation of the plan.

**CD-01999**

Regional Inst. of Social Welfare Research, Athens, Ga.

**Social Justice: The Cornerstone for Treatment in Children's Institutions.**

Thomas, G.

Group Child Care Consultants Workshop, Chapel Hill, N.C., 13 pp., July 24, 1973.

Social justice in children's institutions is defined by and measured in terms of fulfillment of the personal rights of all children. Implementation of children's rights is the central, common task of institutional personnel. It is necessary for the delivery of social justice, which is essential for child growth and development. The basic rights of an institutionalized child include the right to basic life protections and safeguards while institutionalized; the right to daily life experience patterned as closely as possible to that of a child in a good home of similar socioeconomic level; the right to full knowledge and understanding about what is being done to him and why; the right to privacy of personal possessions, including thoughts; the right to be judged and evaluated by a general and uniform set of standards for child behavior; the right to make personal decisions consistent with his age level; and the right to basic life protections and safeguards following replacement to the community. Three steps should be taken for implementation of these rights: a review of structural arrangements should be performed to identify and modify impediments to the practice of social justice; instruments and measures should be developed for recruitment and evaluation of staff concerning the adequacy of orientations, knowledge, and skills; and admissions standards,

diagnostic tools, and evaluation of progress measures should be developed for valid assessment of each child's initial level of understanding about social justice and the extent to which it grows and expands over time.

**CD-02000**

Regional Inst. of Social Welfare Research, Inc., Athens, Ga.

**Supply and Demand for Child Foster Family Care in the Southeast.**

Thomas, G.; Pollane, L.; Bransford, R.; Parchure, S.

Regional Inst. of Social Welfare Research, Athens, Ga., 115 pp., 1977.

Findings of an 18-month study of foster family care in the Southeast beginning July 1, 1975, are reported. The study was guided by the assumption that foster family care services are an essential component of current publicly sponsored child welfare programs, and will likely continue to be so. After a description of the methodology used in the study, attention is directed to the current supply of foster family homes. In this regard, funding, recruitment, licensing procedures, and the current role of the foster parent are discussed. Potential sources of demand for foster family care outside current foster care programs include the low-income family, abused and neglected children, and institutionalized children with special needs (delinquent children and mentally and physically handicapped children). Potential sources of demand within current programs include children recommended for foster placement who were not placed and children in foster family care who need something else. A course of action for bridging the gap between foster care supply and demand is outlined.

**CD-02001**

St. James' Hospital, London (England).

**Rarity of Non-accidental Penetrating Injury in Child Abuse. (Letter).**

Thomas, M.; Cameron, A.

*British Medical Journal* 1(6057):375-376, February 5, 1977.

A case of child abuse in which injury was inflicted by stabbing in a 13-month-old infant is reported. The child was admitted with no pulse or blood pressure and not responding to painful stimuli. Bleeding had stopped from a 2 cm stab wound in the midline of the neck. There were also recent bruises on the forehead and around the left eye, several other lacerations around the stab wound, teeth marks and bruising on both arms, and a lacerated upper lip frenulum. Older bruises and signs of a previous lashing injury were present on the back and buttocks. The child was treated by transfusion and ligation of the internal jugular vein and made an uneventful recovery. In spite of the rarity of penetrating wounds in association with child abuse, a high index of suspicion should always be maintained.

**CD-02002**

Office of Human Development (DHEW), Washington, D.C.

**Child Abuse: A Problem and a Symptom.**

Thomas, S. B., Jr.

In: Proceedings of the First National Conference on Child Abuse and Neglect, January 4-7, 1976. Washington, D.C., National Center on Child Abuse and Neglect (DHEW), (OHD) 77-30094, pp. 1-4, 1977.

The seriousness of child abuse and neglect is recognized by DHEW, which is a primary mechanism for organizing and allocating fiscal resources and for directing some amount of human resources. The Department cannot, however, buy or create the intangible, immeasurable human ingredients critical to the resolution of human problems. While there exists congressional legislation, administered by the National Center on Child Abuse and Neglect, and allocations in the DHEW budget for abuse and neglect, the success of the federal child abuse efforts depends on the professionals in the field. Child abuse offers testimony to 2 aspects of problem recognition regarding children: their social importance and a long-held respect for the integrity and sanctity of the family. As the informal processes of sharing parenting responsibilities and knowledge across generations and among family, friends, and neighbors have begun to breakdown in many places, it is apparent that good parenting requires more than what is instinctive. Underlying the increasing stresses and strains of modern living is the traditional acceptability of some amount of physical violence in parent-child relationships. In order to both treat and prevent child abuse, those social systems which have in the past supported parents and enabled young people to learn about children as they grew up must be rebuilt.

**CD-02003**

London Univ. (England), Inst. of Education.

**Three Dysfunctional Environmental Influences in Development: Malnutrition, Non-accidental Injury and Child-minding.**

Tizard, J.

*Postgraduate Medical Journal* 51(Supplement 2):19-27, 1975.

Subsequent to a discussion of the various etiological factors involved in malnutrition, nonaccidental injury and illegal babysitting are reviewed as consequences of a spectrum of dysfunctional patterns of child rearing. Although current knowledge of the epidemiology of nonaccidental injury is still fragmentary, a psychiatric explanation of the phenomenon is necessary for clinical purposes and may be useful not only in treatment but also in preventing recurrence of injury. Since there is no single specific antecedent of child injury, effective preventive action must start with the study of individuals whose loss of self-control leads them to injure their children; in addition, an inquiry into the prevalence of depression and of factors associated with psychiatric disorder among the parents of young chil-

dren is necessary. A healthy society would, most likely, have only rare occurrences of these problems. Untrained or illegal baby-sitters are another aspect of poor child rearing which has long-term effects for the child. The establishment of special centers throughout England to handle these problems is urged. 33 references.

**CD-02004**

Family Welfare Agency, Manchester (England).

**Inter-Agency Collaboration: Issues and Problems.**

Tomlinson, T.

In: Borland, M. (Editor). *Violence in the Family*. Atlantic Highlands, N.J., Humanities Press, Inc., pp. 136-145, 1976.

Agencies delegated by society to treat violence and its side effects should exert a concerted effort toward better cooperation, consisting of the exchange and coordination of relevant information about a client in a potentially or actually dangerous situation. Such collaboration should broaden individual and collective knowledge and should be an integral part of the protective system of society. Reasons that agencies fail to cooperate with one another include lack of knowledge of the function of other agencies, work pressures, the protection of individual agency status, confidentiality, rigidity of formal structures, and differences in aims between agencies and workers in the same agency. The workers' individual ethics and feelings may hinder effective liaison, and the way in which conflict with social norms is viewed may be a barrier to good collaboration. Methods to counter some of these barriers and develop effective interagency cooperation are discussed.

**CD-02005**

Michigan Univ., Ann Arbor, Children's Psychiatric Hospital.

**The Young Child as Victim of Sibling Attack.**

Tooley, K. M.

*Social Casework* 58(1):25-28, January 1977.

Although physicians have in many cases become sensitized to suspect child abuse when they see certain patterns of multiple injuries over time, they and others in the helping professions have difficulty discerning child abuse when it happens at the hands of another child. When it is clear that a child has suffered a life-threatening attack by a sibling, mental health professionals usually bend their efforts toward rehabilitation of the aggressor. Parents are often unwilling to permit psychiatric attention for the victims or perpetrators of violence. They may subconsciously decide that the assault was accidental in order to maintain a degree of intrafamilial solidarity. As a case in point, a 6-year-old child was referred to treatment at a child guidance clinic at the insistence of his kindergarten teacher, who found his behavior wild, peculiar, aggressive, and frightening. After some months of treatment his behavior became passive, quiet, and withdrawn and he limited his activity to the drawing of pipes. His 8-year-old brother

had frequently abused him. His parents were not willing to consider hospitalization for the older brother. After 2 years of therapy the child victim showed no signs of his former abnormal behavior, which had been diagnosed as broad early ego defect and preschizophrenia. He was discharged as a psychoneurotic with good prognosis. The child's parents and other medical personnel had been slow to respond to the child's crisis, because it was perpetrated by a sibling and did not follow an accepted pattern. 3 references.

**CD-02006**

Trends and Forecasts.

**Child Abuse and Maltreatment.**

*Trends and Forecasts* pp. 1-8, Fourth Quarter 1976.

The incidence of child abuse and neglect in New York City continues to rise, but the provision of comprehensive treatment, rehabilitation, and preventive services has not kept pace with that increase. Societal attitudes that condone violence and the use of physical force in disciplining children are blamed for this failure. Other contributing factors include misplaced program priorities, the City's fiscal crisis, and inefficient and fragmented delivery of services. Existing services include the Special Services for Children of the City Department of Social Services, the various boroughs' Societies for the Prevention of Cruelty to Children, the Family Court, and a small number of programs operated at various hospitals. Specific services that have been identified as most in need of expansion include crisis nurseries, therapeutic day care centers, lay therapists, parent education programs, and effective case management mechanisms. In order to treat and prevent child abuse successfully in New York City, a sustained local and national effort to force the public and legislators to deal with attitudinal questions will be required.

**CD-02007**

**Are We Responsible When a Child Is "Battered"?**

Trewartha, R.

*Probation Journal* 21(1):22-24, March 1974.

The preventive role of the probation officer in cases of potential child abuse is discussed. Thorough observation of a family unit is normal procedure to a probation officer. Those on probation who live in a family where children are abused will require assistance which prevents further injury. The potential for aggression is considerable within the inescapable confines of family relationships, and should be apparent to a visiting officer. The responsibility for supervision goes beyond the confines of any one social work agency.

**CD-02008**

Georgetown Univ., Washington, D.C. Dept. of Ophthalmology.

**Battered Child Syndrome Simulating Congenital Glaucoma.**

Tseng, S. S.; Keys, M. P.

*Archives of Ophthalmology* 94(5):839-840, May 1976.

A 9-week-old boy was admitted with what was tentatively diagnosed as congenital glaucoma OU with possible juvenile xanthogranuloma OS; indications included bilateral, hazy, enlarged corneas with an intraocular pressure of about 60mm Hg in each eye. Hyphema was observed in the left eye and a mass lesion in the iris was suspected. Although the child was born 4 weeks prematurely, review of the medical history for other birth difficulties and susceptibility to congenital disorders were nonproductive. Physical findings, such as low body weight, scars about the face, neck, and chest, and constant crying were noted. Examination under anesthesia revealed subluxated and cataractous lenses, iridodialysis, angle recession, and vitreous hemorrhage. Maximal medical therapy failed to reduce intraocular pressure to acceptable levels and, as a result, bilateral trabeculectomy was performed. A second trabeculectomy was performed when intraocular pressure did not remain at normal levels; eventually, pressure in the teens was obtained with concomitant medication. Vision is now central, steady, and maintained, although the left eye continues to suffer from corneal stromal scarring. Examination of the specimens from the trabeculectomies did not reveal Barkan membranes, strengthening the diagnosis of the condition as resulting from battering. 7 references.

**CD-02009**

United States House of Representatives, Washington, D.C. Committee on the District of Columbia.

**Hearing Before the Subcommittee on Labor, Social Services, and the International Community to Establish an Agency for the Prevention of Child Abuse in the District of Columbia.**

93rd Congress, 2d Session, H.R. 15779 and H.R. 15918, Serial No. 93-37, 155 pp., August 14, 1974.

Hearings focus on two proposed bills, H.R. 15799 and 15918, both of which would establish a Center for the Prevention of Child Abuse in the District of Columbia to provide treatment for victims and perpetrators. Both would expand reporting requirements from physicians only to other medical personnel and professional child care workers and would establish clearer standards for judicial termination of parental rights in serious cases of abuse and neglect. Both bills would establish a confidential central register, provide for more comprehensive immunity from liability for reporters, and exclude confidentiality privileges, except for the attorney-client privilege. Three major differences between the bills are discussed: (1) H.R. 15918 would place primary responsibility for investigations of alleged cases with the director of the proposed center, H.R. 15779 with the Metropolitan Police Force; (2) H.R. 15918 would have the director and the proposed multidisciplinary team of experts decide whether a petition should be filed in the Family Division of the Superior Court, whereas H.R. 15779 leaves this responsibility with the Corporation Counsel; and (3) H.R. 15918 provides for an examination of the person having custody of the abused child by a physician or psychiatrist, whereas H.R. 15779 has no such provision.

**CD-02010**

Urban and Rural Systems Associates, San Francisco, Calif.

**Child Abuse and Neglect Training in Regions VI-X and Among Indian Populations.**

Urban and Rural Systems Associates, San Francisco, Calif., 76 pp., May 3, 1976.

The background, methodology, and recommendations resulting from a study intended to provide training to selected personnel from organizations and agencies having child abuse and neglect programs in federal regions 6-10, and among Native Americans are summarized. The study involved the development of a training curriculum and conducting of training sessions in the diagnosis and treatment of child abuse and neglect. In the first phase of the training conferences, non-Native American training for supervisors and nonsupervisors in the target regions was developed. Second series concentrated on professionals and nonprofessionals working in the field of child abuse and neglect with Native Americans. The goals of the project consisted of (1) developing more specialized and informed skills in diagnosing and treating child abuse and neglect for personnel from hospitals, mental health programs, public health agencies, child protective services, or programs relating to the needs and welfare of children, law enforcement, schools, and courts; (2) developing multidisciplinary teamwork and coordinative skills among various agencies or programs involved with child abuse and neglect; and (3) augmenting specific supervisory skills in and tools for staff development, in order to enable the participants in the training program to pass on what they have learned to their various staffs.

**CD-02011**

Northwick Park Hospital, Harrow (England).

**Accident and Emergency Paediatrics.**

Valman, H. B.

Oxford, Blackwell Scientific Publications, 97 pp., 1976.

The diagnosis and treatment of pediatric emergency situations, including nonaccidental injury, are discussed. Child abuse is suspected when there has been inordinate delay between the injury and presentation, when the history is inadequate or discrepant, when there is evidence of earlier injury, when the child is brought to the emergency room frequently for inconsequential reasons, when the parent exhibits disturbed behavior or an unusual reaction to the child's injury, and when the child shows failure to thrive or obvious neglect. Commonly encountered injuries include burns, abrasions, small facial bruises, injuries to the mouth, and injuries caused by severe shaking. The child suspected of having experienced nonaccidental injury should be hospitalized and the social worker notified as soon as possible. Parents should not be notified of the diagnosis at this point, but should be interviewed for further information. If the parents refuse to have the child admitted, a Place of Safety Order, which empowers the hospital to detain the child for 28 days, should be sought. In addition to the chapter on the battered baby syndrome, this

book contains 15 chapters dealing with conditions such as convulsions, fever, vomiting, and poisoning, and appendices that present drug dosages and other reference information.

**CD-02012**

Brandeis Univ., Waltham, Mass.

**The Client of a Protective Agency in the Context of the Community: A Field Study of the Massachusetts Society for the Prevention of Cruelty to Children.**

Varon, E.

Doctoral Dissertation. Ann Arbor, Mich., University Microfilms, (UM 62-1215), 302 pp., 1962.

The investigations for this doctoral dissertation were conducted in 2 working-class, relatively stable small communities in greater Boston. The study was directed at the problem of communication between the Society for the Prevention of Cruelty to Children (SPCC) and its clients. Thirteen former clients were interviewed 3 times on their knowledge and understanding of agencies and of the SPCC, standards of child care, referrals to SPCC, and personal social data. Fifty nonclients living on the same streets were seen once each in interviews structured around the same areas. Clergy, police juvenile officers, probation and parole officers, and housing project managers were interviewed. Six field workers, 2 intake workers, and the case supervisor of the agency were also seen. Both former clients and nonclients knew little or nothing about the inner functioning of social agencies or their place in the social structure. They responded out of their own experiences with social workers. Former clients expressed a community view of workers as nosy and aloof, with ability to hurt by cutting off aid. This was confirmed by some nonclients. Findings are discussed relative to perceptions of agency function, the community, and sources of strain for workers. The implications of the findings are analyzed. Numerous references.

**CD-02013**

George Washington Univ., Washington, D.C. Social Research Group.

**Foster Care in Five States: A Synthesis and Analysis of Studies from Arizona, California, Iowa, Massachusetts, and Vermont.**

Vasaly, S. M.

Prepared for: Office of Human Development (DHEW), Washington, D.C., Children's Bureau, (OHD) 76-30097, 150 pp., 1976.

A synthesis and analysis of 10 studies of the foster care systems of 5 states (Arizona, California, Iowa, Massachusetts, and Vermont) focuses on areas in these systems needing improvement. Problem areas in the administration of social services mentioned by most states include shortages of essential services and facilities; overlapping authority and responsibility with consequent lack of accountability; the lack of evaluative systems for monitoring serv-

ices; insufficient numbers of staff and staff supervisors; inadequate training of workers; staff turnover; the lack of diagnostic, screening, and treatment services; and the need for more foster family homes, a greater variety of foster homes, and more homes qualified to give specialized care. The 5 states, although differing in geographic location, ethnic composition, and economic structure, all show similar inadequacies in their foster family service systems. Increased funding is an absolute prerequisite for improvement of the foster care systems in the 5 states studied.

**CD-02014**

Minnesota Univ., Minneapolis. School of Public Health. **Interdisciplinary Education in Child Abuse and Neglect.** Venters, M.; ten Bensel, R. W. *Journal of Medical Education* 52(4):334-337, April 1977.

An interdisciplinary graduate level course on child abuse for professional students during their formal training is described. The purpose of the course is to aid students in gaining insight into the dynamics of child abuse and to encourage interdisciplinary communication among students from medicine, social work, education, law, and other fields. The course content consists of the history of child abuse, the developmental needs of children, the emergence of the rights of children, statistical aspects of the incidence of child abuse, the factors contributing to child abuse, physical and emotional abuse, medical criteria for identification, reporting and referral procedures, child protective services, and prevention. 11 references.

**CD-02015**

Helsinki Univ. (Finland). Dept. of Forensic Psychiatry. **Incest Offences and Alcoholism.** Virkkunen, M. *Medicine, Science, and the Law*. 14(2):124-128, April 1974.

A study was conducted of cases seen at the Psychiatric Clinic of Helsinki University from 1945-1972 to delineate alcoholic incest offenders from nonalcoholic incest offenders. The series consisted of 45 cases of father-daughter incest, 22 of which involved alcoholic offenders. Significant differences were found with regard to increased tendencies for previous criminal offenses and aggressive behavior prior to detection. Sexual rejection by the spouse was more common in alcoholic than nonalcoholic cases, a consequence of disgust with alcoholism, a large family, and poor living conditions. Intercourse with the victim took place in more than half of all cases; according to the alcoholic offenders, the victims were responsive in one-third of the cases. The alcoholic was under the influence of alcohol at the beginning of the relationship more often than the nonalcoholic. Reporting by the offender's spouse or victim was more frequent in alcoholic cases; fear of the offender was the major reason for concealment in alcoholic cases. 22 references.

**CD-02016**

**Family Guidance in Denmark; A Program in Preventive Child Care.**

Wagner, M. G.; Wagner, M. G. Available from Educational Resources Information Center, 12 pp. (ERIC ED 099 697), 1974.

The family guidance program was established in Denmark as a preventive measure for child care. In creating such a program, Denmark developed a number of innovations concerned with preventive care programs for children. The program has changed from its beginnings in 1888, and since 1964 has offered voluntary family guidance to any family with children under 18. Implementing the program is the responsibility of the local districts, or 'Kommunes,' which explains the considerable variation in the quantity and quality of the services in different parts of the country. A 'family helper' is assigned to families who need long-term help in resolving family-child problems, and the helper usually spends 6 months to 1 year working with the family until the situation has stabilized. Families are serviced primarily on a crisis basis when it is felt that nonintervention would permit permanent damage to the quality of the children's environment. The 3 general types of services offered by family guidance are referral, economic assistance, and group services or parent clubs.

**CD-02017**

Copenhagen Univ. (Denmark). Inst. of Social Medicine. **Training Child Care Workers in Denmark: II. Training Family Helpers and Family Day Care Mothers.**

Wagner, M. M.; Wagner, M. G. Copenhagen Univ. (Denmark). Inst. of Social Medicine. Available from the Educational Resource Information Center, 8 pp. (ERIC ED 092 251), 1974.

The training of 2 types of paraprofessionals in child care in Denmark, the family helper and the family day care mother, is described. Family helper trainees are placed on the payroll of the local township and enter into a 15-week course of training divided among 5 schools in succession. The 420-hour curriculum is allotted to 12 categories of study. At the conclusion of the 15 weeks, the family helpers return to their own townships and begin work, backed up and supervised by a team of professionals for a 6-month probation period. Refresher courses are required by law at 2, 3, and 4 years after the initial training. A trained family helper may apply for admission to one of the social work schools in Denmark. The family day care mother begins work after interviews with any prior special training. Her training is informal on-the-job training, which includes regular visits to her home by her supervisor and occasional evening meetings with the supervisor. A basic in-service training course for family day care mothers is about to be instituted involving a 96-hour curriculum. Implications for the United States are discussed.

**CD-02018**

California Univ., Los Angeles. Center for the Health Sciences.

**The Danish National Child-care System: A Successful System as Model for the Reconstruction of American Child Care.**

Wagner, M.; Wagner, M.

Boulder, Colo., Westview Press, 183 pp., 1976.

The child care system in Denmark is described, and some characteristics of that system that have potential as a model for child care in the United States are examined. Seven major areas are discussed: child advocacy, family help, group day care, family day care, infant health visiting, services for mothers during and after pregnancy, and training of child care workers. The empirical approach is seen in the provision of all services. Growth in services is rapid but orderly, and funds are forthcoming only after quality of services is controlled and insured. Nationwide standard-setting with power of enforcement is the rule, yet there is a balance between central and local governments. There is movement toward simplification and decentralization of programs, with an emphasis on the integration of all care and support services. The team approach is important in the delivery of services.

**CD-02019**

Hennepin County Welfare Board, Minneapolis, Minn. Child Service Div.

**Protective Services and Emotional Neglect.**

Wald, M.

Denver, Colo., American Humane Association, 20 pp., 1961.

The role of protective services in cases of emotional neglect is discussed. Emotional neglect may arise from a number of causes, and the emotionally neglected child may react in a number of ways: he may attack the family through aggressive conduct disorders and psychopathic behavior; he may withdraw from the family; or he may react with excessive anxiety and internalization of the conflict. Concepts basic to the casework approach to families with emotionally neglected children include: most parents do not willfully neglect their children; most people have the ability to change; and the best place for a child to mature emotionally is in his own home with his own family, providing that conditions are adequate. In protective services, the caseworker represents an ego-ideal, and frankness and honesty are important. Techniques appropriate to helping parents of emotionally abused children include dealing with problems in order of their importance to the situation; reaching out to the client as a supportive behavior; and helping the parents see how their behavior can be destructive to the child. The caseworker must feel comfortable in the use of authority without being authoritarian and must make decisions regarding the use of the court. Illustrations of the preventive value of early casework are cited. Lower caseloads and greater interagency cooperation are necessary to improve the effectiveness of protective services.

**CD-02020**

Wisconsin State Dept. of Health and Social Services, Madison. Div. for Family Services.

**The Role of Schools in Child Protective Services.**

Wald, M.

*Guidelines for Pupil Services* 10(3):1-4, May 1972.

A multidisciplinary approach is needed to combat the problem of child abuse and neglect, using personnel from the fields of social work, medicine, education, and law; ancillary services, such as homemaker services, case aides, day care facilities, and psychiatric services may also be used. Schools are concerned with the child's total adjustment, and are in a strategic position to make early referrals of children who may be neglected, exploited, or abused. The schools can and should play the most important role in the protection of children. Teachers should note if a child bears bruises, welts or other signs of maltreatment, and should understand the goals of child protective services. Indicators of a child's need for protection are listed. To break the generational pattern of abuse and neglect, public school systems should offer family life education courses and counseling programs to adolescents and adults before and after marriage; participants could thus avoid being identified in the public mind with deviance-focused agencies. In cases where it is impossible to strengthen family life, separation is the only way in which to ensure that the neglected child has the chance to develop in a family setting where he is cared for, loved, and wanted. 3 references.

**CD-02021**

Michigan Univ., Ann Arbor. Inst. of Labor and Industrial Relations.

**Implications of the Neighborhood Helping Network Study Design for the Problem of Child Abuse.**

Warren, D.; Clifford, D.; Craig, D.; Ramirez, B.; Warren, R.

*Michigan Univ., Ann Arbor. Inst. of Labor and Industrial Relations.* 18 pp., August 1974.

Variations in the identification and treatment of child abuse problems are seen as embedded in a set of normative considerations which are only artificially and arbitrarily removed from the community context in which they occur. The powerful analytical tools implicit in the neighborhood approach to the problem are an important aspect of this approach. There are 2 reasons for a multifaceted approach to community problems: the character of many problems cannot be best understood via the standardized survey interview approach, and the objects of analysis are not necessarily the individuals who reside in a given locale but rather the institutional nexus in which they are embedded. Three elements of "invoked expertise" provide the basis for distinguishing problems: expert knowledge, even when highly developed, is present for only a part of the problem or particular phase; expert knowledge requires the observation and control of ancillary behavior for which the expert cannot be practically utilized; and expert

knowledge is lacking in the core content of problem definition as well as evaluating other phases of problem emergence and development. Six typologies of local community neighborhoods are defined: integral, parochial, diffuse, stepping-stone, transitory, and anomic. Helping systems are organized in terms of the lay service system, the quasi-institutionalized services, professional service agencies, and inter-organizational relationships. Examples of how each of the types of neighborhoods utilizes services are given. 6 references.

**CD-02022**

Washington Univ., Seattle. Child Protective Service Instructional Development Project.

**Communication Skills: The Client Interview.**

Washington Univ., Seattle, 71 pp., 1977.

A training manual for a 5-session (4 hours each) program is designed to improve interview skills for protective service workers. The training sessions cover nonverbal interviewing skills, including such items as position, posture, mannerisms, eye contact, and listening; assertiveness skills, focus, disclosure, limit setting, and communication block; and verbal skills such as closed and open questions, minimal encouragement, paraphrasing, and interpretation. The fourth and fifth sessions are practice sessions.

**CD-02023**

Western Michigan Univ., Kalamazoo.

**Sexual Abuse of Children by Relatives: An Exploratory Study.**

Waterway, J.

Western Michigan Univ., Kalamazoo, 53 pp., March 1976.

The case records of 42 victims of sexual abuse or incest referred to the Kent County Protective Services Unit (Michigan) from 1973 to 1975 were studied to determine the characteristics of the victims, families, and the offenders. A second goal was to gain knowledge for consideration and implications for treatment of the victim and his family. Data were collected via completion of a questionnaire; interviews were conducted with persons knowledgeable on the subject of sexual abuse. Various hypotheses were formed from a literature review and were tested against the data collected. Over 80 percent of the sexually abused victims reported to Protective Services were between the ages of 12 and 16. Over half of the families in the study had incomes of over 8,000 dollars. Over 60 percent of the offenders remained in their own home or returned there within 6 months. More than 50 percent of the families had multiple problems including such problems as alcoholism, financial instability, and histories of family disruptions. Sexual abuse itself causes less emotional damage than does the way in which the investigation is handled. Generally, sexual abuse is less of a problem in itself than it is a symptom of other overlooked problems in the family. Removal of the victim from the home, jailing the offender,

and the entire legal process has not been a successful intervention technique. Immediate supportive therapy involving all family members is needed. Considerations for future study are discussed. 20 references.

**CD-02024**

Odyssey Inst., New York, N.Y.

**Incest: An Analysis of the Victim and Aggressor.**

Wathey, R.; Densen-Gerber, J.

3rd Annual National Drug Abuse Conference, New York, N.Y., 21 pp., March 1976.

Among 400 individuals in a psychiatrically oriented residential therapeutic community whose sexual and personal histories were studied, the overall rate of incest was 35 percent. This phenomenon was equally distributed among various regional, racial, religious, and social groups. Among males, a female cousin was the most common partner; other partners included sisters, brothers, and male cousins. Age peers were involved in 91 percent of the cases. Males tended to begin their incestuous relations around the time of puberty. Among females, the partners were equally distributed between age peers and cross-generational partners. Step-fathers and brothers were most often involved, followed by uncles, cousins, fathers, and grandfathers. There were fewer homosexual relations among females. Female victims usually adopted a passive role in the relationship, were usually involved with a partner who was a member of the parental generation, and usually tried to escape the home environment at an early age. Most incest victims were female. Aggressors tended to be the same age as the victims and tended to be males. Usually the aggressor picked a victim who was younger, and, in general, aggressors felt little or no guilt. Aggressors did not attempt to leave the home environment or to terminate the relationship. Age peer relationships in which there was mutual consent were generally less threatening and destructive psychologically, because the parental protector role was not violated. A history of a broken home was elicited in 68 percent of the patients. 11 references.

**CD-02025**

Minnesota Univ., Minneapolis. Center for Urban and Regional Affairs.

**An Assessment of Child Welfare Training Needs.**

Wattenberg, E.

Prepared for: Minnesota State Dept. of Public Welfare, St. Paul, 8 pp., January 1977.

The training needs of Minnesota county welfare department staff who are primarily engaged in child welfare activities are summarized in this final report of a research project. Workers are often ill prepared for the responsibility of the decisions affecting children and families that they have to make. Analysis of budget items, services rendered, and workers' activities indicates a marked increase in the child social case load during 1974-1975. Resources within the counties vary widely, and there is no compre-

hensive planning or evaluation. Other shortcomings include widespread gaps in training in child welfare activities; standardized orientation of new workers is not carried out; training opportunities are intermittent, scattered, and episodic; the role of county commissioners, directors, and supervisors in training is unclear; there is confusion about the mandatory or optional character of training; supervisors vary enormously in their potential for assuming training roles; there is currently no model of training that has been initiated on a developmental basis; and the provision and use of training opportunities for social work staff are spread unevenly throughout the state. A number of specific recommendations for ameliorating these circumstances is proposed.

**CD-02026**

Boston Univ., Mass. School of Social Work.  
**Differential Groupwork in a Protective Agency.**  
 Wayne, J.; Ebeling, N. B.; Avery, N. C.  
*Child Welfare* 55(8):581-591, October 1976.

Details of the operation of 3 types of groupwork programs, which were conducted by the Boston District Office of Children's Protective Services, are described. They include a remedial discussion for mothers, focused on intrapsychic dynamics of each member; a developmental adolescent girls group for children of client families, focused on individual normal and special developmental tasks; and a task-oriented group in which individual problems and therapeutic success were subordinate to the group task. Conclusions made on work with groups indicate that the evolution of a groupwork program is an ongoing process within an agency. Professionals conducting therapeutic groups should give careful consideration to the type of group appropriate to an individual, as well as the propriety of group therapy. Peer interaction holds great therapeutic potential; problems which appear to be difficult to resolve by traditional casework means are often easily managed by exploiting peer interaction. Group participation has proven to be significant in enhancing the quality of service to families. 3 references.

**CD-02027**

American Public Welfare Association, Washington, D.C.  
**Issues Related to the Delivery of Protective Services on the Local Level.**  
 Weaver, E.  
 In: Proceedings of the First National Conference on Child Abuse and Neglect, January 4-7, 1976. Washington, D.C., National Center on Child Abuse and Neglect (DHEW), (OHD) 77-30094, pp. 13-17, 1977.

Problems and issues in the delivery of protective services and some possible solutions are briefly discussed. Issues which are far removed from local decision-making, but nonetheless impact heavily on services, include financial appropriations and federal or state regulations regarding service data to be reported. Issues which are almost exclu-

sively at the service delivery level are selection, management, and scheduling of staff; relationships with other agencies; and a need for more precise definitions of abuse and neglect. Using statutes, regulations, or other forms of social mandate, the protective service agency should define its mission in terms that are specific and limiting. The organization of the total service agency which encompasses protective services should be examined to assure an appropriate balance of services. Research in the area of the unique problems of delivering protective services in major urban areas is needed. In addition to a lack of clear division of labor among the several levels of government, there is little logical and discernible progression and relation among policy making, planning, financing, and service implementation units. Excessive reporting requirements do not facilitate service delivery and data for research and planning should come largely from special sources or data collection efforts from persons other than protective service staff. Many problems exist in the area of staffing which might be alleviated by better selection and training of workers, organizing staff into teams, and utilizing formal case reviews.

**CD-02028**

American Public Welfare Association, Washington, D.C.  
**Child Protection -- A Service Concept and System.**  
 Weaver, E. T.  
 In: Fifth National Symposium on Child Abuse. Denver, Colo., American Humane Association, pp. 6-14, 1976.

In order to deal effectively with the child abuse and neglect problem, it is necessary to perfect a service concept and system that integrate the various aspects of societal intervention on behalf of children. A successful service concept requires knowledge of major contributors to the problem, elements of a planned solution, and current status in the field. Three primary factors in child abuse are socioeconomic environment, conflict in interpersonal relationships, and intrapsychic dysfunctioning. A planned solution must include policy review, analysis, and revision to recognize the interconnection of all human service policies; policy implementation that utilizes all relevant skills and resources to create an environment of prevention and help; evaluation of actions and results which provide data to correct policy or operation of services; and balanced resource allocation. The current status of child abuse indicates a lack of funds and leadership, but progress in the area of legislation.

**CD-02029**

Burt Associates, Inc., Bethesda, Md.  
**Evaluation of Cost-Effectiveness of Services Provided to Abused and Neglected Children and Their Families Under Titles IV-A and IV-B. Volume I.**  
 Webb, K. W.; Burt, M. R.; Pines, S.; Kraft, B. A.  
 Prepared for: Social and Rehabilitation Service (DHEW), Washington, D.C. Available from the National Technical Information Service, 158 pp. (NTIS PB 251726), September 1975.



An evaluation method is proposed to help the Social and Rehabilitation Service develop an initial evaluation system for measuring the cost-effectiveness of protective services. Review of existing evaluation systems, design of a protective services system, and demonstration at 2 test sites were the main approaches utilized. An attempt was made to develop an evaluation method which would determine (1) which service agencies, individually or as a group, are the most cost-effective in reducing recidivism and severity of child abuse and neglect; (2) the relative order of cost-effectiveness of service agencies by state, or region; (3) the discernible service trends from year to year; (4) if agencies serve some groups more cost-effectively than others; (5) the cost for providing services to clients who achieve protective service objectives as compared with clients not achieving these objectives. Specifically discussed are existing systems, a tracking system for measuring effectiveness of services, a system for measuring costs, management reports, summaries of data collected, proposed agency data collection methods, social costs of abuse and neglect, and the utility of this cost-effectiveness evaluation system as a policy analysis tool. 19 references.

**CD-02030**

California State Dept. of Social Welfare, Sacramento. Program Information Bureau.

**Statistical Report on Specialized Child Protective Services for 1972.**

Webber, D. N.

California State Dept. of Social Welfare, Sacramento, 1973-3, 53 pp., December 1973.

Statistical information describing referral movement, referral sources, reasons for referral, and reasons for rejection of referral is reported; caseload movement, public assistance status, numbers and types of social services provided, and reasons for closing cases during 1972 are also included. Part 1 of this report contains statewide information, and Part 2 consists of county information. The Specialized Child Protective Services Program in California is briefly described, and typical cases where child protective services were needed are presented. All information is presented in tabular form. During 1972 43,113 families (103,143 children) were referred for specialized child protective services; 31,729 were accepted for service. The welfare department was the most important single source of referrals. General neglect was the reason for referral for almost three-fourths of the cases, while physical abuse accounted for 13 percent. Sexual abuse was the reason for 2.8 percent of the cases. Seventy-one percent of the families accepted were receiving public assistance. Seven percent of the services provided resulted in the child being placed in foster care. The most important community resources utilized were other family members, psychologists, or psychiatrists. Almost 50 percent of the cases were closed because their situation was stabilized; 25 percent were closed because of referral; and 7 percent were closed because of lack of resolution.

**CD-02031**

Virginia Univ., Charlottesville. Dept. of Psychiatry.

**Counseling Parents of Sexually Abused Children.**

Weeks, R. B.

*Medical Aspects of Human Sexuality* 10(8):43-44, August 1976.

Prevention of further trauma should be foremost in the minds of those counseling parents of sexually abused children. Specific guidelines for offenses involving male perpetrators are described. The guidelines are differentiated for sexual attacks by strangers, a relative or friend, and a member of the immediate family. 3 references.

**CD-02032**

Iowa Univ., Iowa City. Coll. of Dentistry.

**Prevention of Injuries to Anterior Teeth.**

Wei, S. H.

*International Dental Journal* 24(1):30-49, March 1974.

Between 60,000 and 2.5 million children in the U.S. are abused each year. Ten to 20 percent of the children who actually report for treatment probably have experienced physical abuse. Trauma to the face and oral tissues is associated with a high percentage of these abuses. A young child may have an oral injury with one or more avulsed or intruded teeth. The dentist should be alert to other signs on the child including bruises, abrasions, bite marks, soft tissue swellings, hematomas or healed lesions and evidence of retinal hemorrhage. When the severity of the injury does not fit the history offered by the parents, the dentist should suspect battered child syndrome. He should pursue additional family and social history in order to prevent further severe injuries to the child. Fortunately, all states in the U.S. now have reporting laws that offer specific or implied immunity from legal liability for physicians, dentists, and laymen who report child abuse. Statistical studies of dental injuries from various countries are reviewed. 119 references.

**CD-02033**

Case Western Reserve Univ., Cleveland, Ohio. School of Medicine.

**Retinal Detachment in a Battered Infant.**

Weidental, D. T.; Levin, D. B.

*American Journal of Ophthalmology* 81:725-727, 1976.

A case of bilateral retinal detachment in an 8-week-old boy is presented. The patient was first hospitalized at the age of 5 weeks because of subdural hematoma and neonatal sepsis. He improved rapidly in the hospital and was discharged home under close supervision of the visiting nurse. Child abuse was suspected. His condition rapidly deteriorated at home, and because of this and the lack of cooperation from the parents, readmission was ordered at 8 weeks. On admission, teeth marks were present on the face. The retina of the left eye was inoperable, but retinal detachment surgery was performed in the right eye with

the restoration of limited vision. The mother, a 17-year-old girl living with her common law husband, revealed that her husband had inflicted the injuries. The history, the location of the retinal pathology, and the absence of a lens coloboma aided in differentiating this result of physical abuse from a congenital retinal detachment. 7 references.

**CD-02034**

Army Military Police School, Fort Gordon, Ga.  
Investigating "The Battered Child Syndrome."  
Wells, C. L.  
*Military Police Journal* 21(10):21-24, June 1972.

Child abuse and infanticide, which may be traced back historically as far as ancient Greece, have become widely recognized phenomena since the early 1960's. A number of common patterns of child abuse situations have emerged since then: the parents are generally young; most abused children are very young and are born in the early years of the marriage; about 50 percent of abused children are conceived out of wedlock; the parents are often divorced or separated; mothers abuse their children more often than fathers, perhaps because they spend more time with them; and in cases of divorce or separation, boy-friends most often are the abusers. Characteristics common among abusive parents include an inability to accept the child's immaturity; the use of the child as a source of love; inability to respond to the child's needs; excessive expectations for the child; and a history of abuse or neglect in the parent's childhood. Common causes of death among abused children are dislodged and shattered vital organs, vital organs punctured by broken bones, severe trauma to the head, neglect, and deprivation. Army hospitals have developed operating procedures and special regulations to deal with child abuse and neglect, and the steps relating to homicide investigation in these cases are well known to Army criminal investigators. 11 references.

**CD-02035**

Violence, Permissiveness and the Overpunished Child.  
Welsh, R. S.  
*Journal of Pediatric Psychology* 1(2):68-71, Spring 1976.

The thesis is developed that overpunishment of children leads to subsequent delinquent behavior. Among 1,800 histories of delinquents, it was observed that severe parental punishment, such as the use of a belt, board, extension cord, or fist in the name of discipline was not only a significant precursor of delinquent behavior, but it was the only variable consistently found in the background of each recidivist male delinquent. Among 58 male delinquents studied in detail, the severity of the punishment was directly related to the degree of delinquent behavior. There is a dramatic difference between the use of an open hand and the use of a belt or other pain-inducing implements. Overpunishment should be suspected in any child who exhibits defiant, cruel, aggressive, or stubborn behavior. Running away from home is a classical pain avoidance

response, as is lying. Meddlesome, irritating hyperkinetic children normally elicit a disproportionate amount of punishment from their parents and frequently from their siblings. An "Angry Parent Presentation" of the Thematic Apperception Test has been prepared to assist in identification of the overpunished child. The overpunished child needs protection from continued parental abuse. Alternatives to corporal punishment should be provided to the parents, and the child himself needs to understand his parents' wrath and needs to be armed with techniques of self-control. The parent's developmental history is helpful in identifying the overpunishing parent. 28 references.

**CD-02036****Child Advocacy: A Progress Report.**

Westman, J. C.

In: Westman, J. C. (Editor). Proceedings of the University of Wisconsin Conference on Child Advocacy. Wisconsin Univ., Madison. Extension Health Sciences Unit, pp. 3-9, 1976.

The history and current status of child advocacy are discussed. In spite of growing interest in the concept, child advocacy still faces several fundamental social resistances. Both continuity of care and prevention of later disorder require long-range planning, a phenomenon not common in society's short-range methods of handling social problems. The organization of bodies at the local, regional, state, and national levels would achieve representation of the needs of young people at all levels of government and would provide a funding channel for federal monies appropriated for child advocacy purposes. This system would also contain the potential dangers of a superagency. To date, the most important accomplishment of child advocacy activity has been sensitizing the public and child-family professionals to the special needs of troubled children. Perhaps one of the most important results will be specifying child advocacy as one of the professional functions of teachers, social workers, neighborhood workers, and mental health professionals. Sensitizing people already involved with children is an alternative to the creation of new professionals.

**CD-02037**

Wisconsin Univ., Madison.

**Proceedings of the University of Wisconsin Conference on Child Advocacy.**

Westman, J. C.

Wisconsin Univ., Madison. Extension Health Sciences Unit, 226 pp., 1976.

The University of Wisconsin Child Advocacy Conference assembled an interdisciplinary group of professionals to develop principles that can be applied to today's issues: child-rearing alternatives, day care, rights of the unborn, illegitimacy, child custody, divorce, delinquency, and child abuse. The conference began with a general survey of the problems of children and a review of the legal rights of

parents and of children. The developmental needs of children were then discussed through an examination of optimal child-rearing relationships and environments, and the interdependence of parents and children. Legal issues in child advocacy were also considered: the limits of child advocacy in courts; an analytic framework of U.S. custody law; and the history, present status, and future of the juvenile court. The conference concluded with the application of child advocacy principles to medicine, mental health, education, the law, and public policy.

**CD-02038**

Wisconsin Univ., Madison. Dept. of Psychiatry.  
**A Field Trial of Child Advocacy in Wisconsin.**

Westman, J. C.; Stiles, C. L.

In: Westman, J. C. (Editor). Proceedings of the University of Wisconsin Conference on Child Advocacy. Wisconsin Univ., Madison. Extension Health Sciences Unit, pp. 179-197, 1976.

The accomplishments and problems encountered in testing the feasibility of a systematic effort aimed at child advocacy in Wisconsin are described. The Wisconsin Association for Mental Health served as the sponsoring organization. The aims were to promote recognition that children are the most important national resource, that children of varying ages are unique in their developmental needs, and that childhood is the target age for preventing both physical and mental disability in later life. Child-Adolescent Services Committees, composed of both lay and professional members, were formed in county chapters of the Wisconsin Association for Mental Health to assess community services in mental health, education, health, social services, law, and corrections. A number of issues were identified through 11 public hearings carried out by the state mental health association at the regional level. The Wisconsin Plan stimulates activity at local, regional, and state levels by drawing public attention to child advocacy. The experience of the child advocacy effort in Wisconsin showed that there is a general lack of awareness, misunderstanding, and neglect of children's problems in addition to limited application of existing knowledge. Child advocacy can realistically aim at a basic shift in attitude toward the young, both through speaking for individual children and promoting policies beneficial to all children. Child advocacy should not be linked with a specific program, but should seek to establish a broad base of local, state, federal, private, and consumer participation. 11 references.

**CD-02039**

Howard Univ., Washington, D.C. Inst. for Urban Affairs and Research.

**Child Abuse and Neglect: A Directory of Consultants and Trainers.**

Wheaton, C.

Howard Univ., Washington, D.C. Inst. for Urban Affairs and Research, 28 pp., 1976

An annotated list of experts in the child abuse and neglect field is provided primarily for use in DHEW Region 3 (Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia) and the northeastern United States. Persons included in the directory have expressed a willingness to act as consultants or trainers in child abuse and neglect. Professionals from the fields of education, law, medicine, psychology, and social work are represented. Brief guidelines for establishing the need for a consultant, selecting a consultant, preparing for a consultant, and the importance of explaining expectations to the consultant are presented. The directory is intended for program administrators in all fields involving child abuse and neglect.

**CD-02040**

National Association of Social Workers, Washington, D.C.  
**Child Abuse and Neglect Training Project.**

**The Central Registry for Child Abuse Cases: Rethinking Basic Assumptions.**

Whiting, L.

*Child Welfare* 56(1):761-767, January 1977.

The question of whether service objectives of the central registry can be met without having names in the registry is addressed. A registry is generally planned to perform 4 functions: (1) receive reports of suspected abuse or neglect on a statewide, 24-hour, toll-free basis; (2) provide for monitoring and surveillance of how cases are handled by the local department, and how responsive the community is to identified needs; (3) keep a file of names identifying the abused or neglected child and the suspected perpetrator, in order to track the family or to help with diagnostic confirmation; and (4) provide a statistical profile of incidence and social characteristics of child victims and their families. Central registries were first conceptualized in the early 1960's as a diagnostic aid. The operation of a model central registry is described. A central registry is useful for administrative monitoring of case management provided that the staff understand their responsibility to provide accurate reports. The best argument for computerization can be made for statistical, demographic profile information. Any movement toward mechanization, depersonalization, and curtailment of civil liberties must be examined carefully. 2 references.

**CD-02041**

American Medical Association, Chicago, Ill. Office of the General Counsel.

**Child Abuse Laws: Past, Present, and Future.**

Wilcox, D. P.

*Journal of Forensic Sciences* 21(1):71-75, January 1976.

Recognition of child abuse, developments in detection, recent trends in reporting laws, and other legislation are briefly discussed. The 1940s to 1960s saw developments in the use of x-rays in detection, extensive clinical studies, and the passage of legislation by the States to define, iden-

tify, and protect abused children. Since 1970 most states have added to the list of professional groups mandated to report abuse. Approximately two-thirds of the states have established registers to store information on child abuse. In several states the physician can hold an abused child against parental wishes if he perceives further danger. Other revisions in child abuse laws are listed. The 1974 Child Abuse and Protection Act is outlined. Under a 1974 DHEW grant a Model Child Abuse and Neglect Reporting Act has been drafted. 16 references.

**CD-02042**

**Origins of Filicidal Impulses in the American Way of Life.**

Williams, G. J.

*Journal of Clinical Child Psychology* 5(3):2-11, Winter 1976.

The furor over child abuse in recent years diverts attention from two facts: that child abuse is a manifestation of deeply rooted Anglo-Saxon traditions, American social institutions, and ideologies that reinforce filicidal impulses; and that the exclusive definition of child abuse as parental violence against children obscures abusive acts by industry, government, organized religion, schools, and other American social structures. Anglo-Saxon literature contains many references to violence toward children, as does the Bible. Throughout history, political, legal, and economic institutions have influenced the development of filicidal impulses through the definition of children as chattel. Violence in the family is another important phenomenon contributing to child abuse, and recent court decisions relating to corporal punishment in the schools counteract progress against child abuse. 66 references.

**CD-02043**

California Univ., Berkeley. Dept. of Social Welfare.

**Decision Making Needs in Foster Care.**

Wiltse, K. T.

*Children Today* 5(6):2-5, 44, November-December 1976.

A discussion of the decision-making process in foster care focuses on why most children, once settled into foster care, spend years, often their remaining years to maturity, away from their natural home environment. Steps toward reorienting foster care to satisfy earlier case management decisions that are consistent with a goal of stability of care for each child are suggested. If the overriding goal of foster care is to provide a stable and continuous parental relationship for the child, the implications are that no child should be allowed to drift into out-of-home placement without a decision being made. Public and private agencies should choose 1 of 3 plans: restoring the child to his parents, freeing the child for adoption, or placing him for permanent foster care. When a child enters foster care a plan should be made specifying what services will be provided by the agency toward the goal of phasing out out-of-home care. A contract should be drawn up between the parents and the agency social worker specifying the pre-

cise harm which the child is experiencing by remaining with the parents or the exact reason why the child must be placed outside the home. When a restoration plan is made and formalized, failure of the parent to fulfill his side of the bargain within the agreed time limits should regularly lead to a recommendation for termination of parental rights, thus making the children available for adoption. While adoption subsidies can be effective, there are still many children, including teenagers and severely handicapped children, for whom long-term care is the only alternative. Legal guardianship and formalized foster care agreements are alternatives which should be studied. 13 references.

**CD-02044**

Harvard Univ., Boston. Dept. of Psychiatry.

**Current Concepts: Mother-Infant Interactions in the First Year.**

Wolff, P. H.

*New England Journal of Medicine* 295(18):999-1001, October 28, 1976.

Case studies of infants raised under conditions of extreme social isolation or abuse indicate that radical deviations from the average expectable mother-infant relation may be associated with psychopathology in later life and physiologic growth retardation. Comparative studies of children in other cultures also suggest that normality or abnormality of behavioral outcome must be decided in terms of the social ecology into which the infant will eventually be integrated. The negative effects of sterilized institutional upbringing and social deprivation are noted, as well the effectiveness of the Israeli Kibbutz system. The reversibility of the effects of early social isolation is also inferred from cross-cultural assessments. 10 references.

**CD-02045**

Milwaukee Children's Hospital, Wis. Advisory Committee on Child Welfare.

**Evolution of a Program for the Management of Child Abuse.**

Wolkenstein, A. S.

*Social Casework* 57(5):309-316, May 1976.

An analysis of the program of the Advisory Committee on Child Welfare of Milwaukee Children's Hospital provides the basis for a discussion of community management and legal determinations involved with child abuse and neglect. Three categories of the phenomenon are characteristically seen: (1) conditions that definitely indicate child battering, severe neglect, or failure to thrive; (2) suspected abuse; and (3) undetermined cases in which there is a conflict between the parent's right to discipline and the child's right to be cared for properly. Increasing recognition of the child abuse problem prompted establishment of a committee to develop policies and coordinate action in dealing with child abuse cases at the Milwaukee Children's Hospital in 1965. The Committee has grown over the years

and now serves not only as a coordinating and referral agency for physicians of the Hospital, but also provides diagnostic evaluation and therapy programming for the cases referred to it, and works closely with the courts, protective services, and other agencies involved with the cases. A child is kept in his own home if at all possible. A legal determination with medical involvement through a committee such as the Advisory Committee of Milwaukee Children's Hospital should come before psychosocial assessment. A community should have specialized units and programs for child abuse and neglect, and consideration should be made for the channeling of cases into a family court. Appointment of a guardian ad litem for the child should be considered. An overall coordinating counsel position should be established to monitor the programs and financing should be allocated only to programs which will meet the need for combined community activity. 22 references.

**CD-02046**

St. Luke's Hospital, Milwaukee, Wis. Family Practice Center.

**The Fear of Committing Child Abuse: A Discussion of Eight Families.**

Wolkenstein, A. S.

*Child Welfare* 56(4):249-257, April 1977.

The neurotic fear of committing child abuse is discussed, as seen in 8 families. Subjects were 2 divorced women with 2 children each, 3 unmarried women with 1 child each, and 3 married women with 1, 2, and 3 children, respectively. All described their overwhelming fear of hurting their child or children, which occurred during and after pregnancy. None of the mothers had actually abused her children. In all cases, the mothers were laughed at by their husband or boyfriend because of this fear. Only 2 of the women had been abused as children. Four stages were identified in the therapeutic process for these women: an overall feeling of emotional release by the woman when someone actually believed her; an outburst of rage at other family members who did not perceive her problem as she described it; denial of the initial problem; and integration and resolution of reality. The treatment of choice was to agree that they did have the potential for violence, but to point out that support could help them deal with it. Two cases are briefly described. The question is posed whether these families constitute a specific subgroup or one end of the spectrum of high-risk families needing help. 10 references.

**CD-02047**

Oklahoma Univ., Oklahoma City. Dept. of Pediatrics.

**The Physician and the Battered Child Syndrome in the United States and in Oklahoma.**

Woodworth, R. M.

*Journal of the Oklahoma State Medical Association* 67(11):463-475, November 1974.

An overview of the problem of child abuse as it concerns the physician covers the terminology, history, incidence, etiology, diagnosis and management, and legal aspects of child abuse throughout the U.S. Management of the problem at both the state and county level in Oklahoma is described to illustrate the prevalence of the problem and the ways in which existing legal and administrative provisions operate. Oklahoma began enacting laws directly related to child abuse in 1963, and now has a computerized central registry. From May 1972 to May 1973, 408 cases of suspected abuse or severe neglect were reported to the registry. In slightly over 70 percent of the cases, abuse or neglect was confirmed by a protective services worker. Cases of suspected child abuse or neglect in Oklahoma County are investigated by the Child Abuse and Child Neglect Units. When a call is received, a social worker is assigned, and if maltreatment is suspected, the parents are given the opportunity to take the child to a physician. If they refuse, the Police Department's Youth Bureau is called. If the child is admitted to the hospital, a written report is sent to Juvenile Court which decides the eventual outcome. A checklist for detection of possible abuse in childhood injury is included.

**CD-02048**

Coast Guard, Governor's Island, N. Y. Third District.

**Legal Problems of the Forensic Odontologist.**

Woolridge, E. D.

*Journal of Forensic Sciences* 18(1):40-46, January 1973.

Among the legal issues faced by the forensic odontologist is the problem of the battered child. Oral manifestations of the battered child syndrome consist of fractures, particularly old untreated fractures that show up as malpositioned bone fragments or large callus formations. Another common finding is discolored anterior teeth which are often indicative of an old injury. Lacerations of the lip and bite marks on the body are also frequent findings. The dentist must be fully aware of the proper legal steps to be taken upon making these observations. Dentists have a legal obligation to report suspected child abuse in 18 states and Guam. The penalty for knowingly failing to report is usually similar to that of failing to report a gunshot wound. The 13 basic elements of reporting laws include (1) the statement of purpose; (2) age limits for reportable children; (3) the definition of reportable abuse; (4) the nature of report; (5) persons who must report; (6) how the report is made; (7) to whom the report is made; (8) the mandate to the receiving agency; (9) a provision which grants immunity against criminal or civil action to those reporting; (10) waivers of special privileges; (11) a penalty clause; (12) the central registry; and (13) special clauses for clarification of other sections. 4 references.

**CD-02049**

West Indies Univ., Kingston (Jamaica). Dept. of Psychiatry.

**Parent-Child Separation as a Determinant of Psychopathology in Children: A Jamaican Study.**

Wray, S. R.; McLaren, E.

*West Indian Medical Journal* 25(4):251-257, December 1976.

Among 154 new clients attending a child psychiatric clinic in Jamaica in 1975, 33 percent had experienced early childhood separation from their parents or parent figure. More males (57.7 percent) than females (42.3 percent) had experienced separation. Migration was primarily responsible for the separation, and was more disruptive to boys than to girls. The psychiatric sequelae of children with separation experiences appeared to be predominantly those of emotional and conduct disorders. Separated children did not differ significantly from those nonseparated in respect to adjustment situational disorders. The largest number of children attending the clinic were in the 8- to 15-year-old age group. It is suggested that these children at risk be helped by means of social and psychological intervention. 11 references.

**CD-02050**

Martin Army Hospital, Ft. Benning, Ga. Pediatric Service.

**Pseudobattering in Vietnamese Children.**

Yeatman, G. W.; Shaw, C.; Barlow, M. J.; Bartlett, G.

*Pediatrics* 58(4):616-618, October 1976.

The Vietnamese folklore practice of Cao Gio ("coin rubbing") is described, and its misdiagnosis as child abuse is briefly discussed. The process consists of oiling the back and chest and massaging the skin with the edge of a coin until petechiae or frank purpura appear. Linear bruising usually occurs. The process is used to treat such symptoms as fever, chills, and headaches. 2 references.

**CD-02051**

**A Study of Child Neglect and Abuse. Wednesday's Children.**

Young, L.

New York, McGraw-Hill Book Co., 195 pp., 1971.

A study was undertaken to trace the profiles of behavior of abusive families; it attempted to learn what such families are like, how they live, and what features may be used to identify the problem family. Differential characteristics of abusive versus neglectful parents, quantitative measures of neglect and abuse, the manner in which interpersonal relationships are conducted, and possible steps toward breaking the generational cycle of child abuse were studied. In the first part of the study, recurring family behavior which precipitated abuse or neglect was the primary focus; the second part of the study concentrated on detailing the broad findings. Families in the first study were selected from a large Eastern metropolitan area and were picked from the active case files of 2 public child welfare agencies in counties suburban to the city and from an ur-

ban private agency that handled only cases of child neglect and abuse; 120 cases were studied in total. The second study analyzed 180 families from 2 rural areas in the Midwest, 2 medium-sized cities in the Midwest, 1 large urban area, 1 medium-sized city on the Pacific Coast, and 1 rural county on the Pacific Coast. The results are presented in detailed discussions. Numerous references.

**CD-02052**

Children's Memorial Hospital, Oklahoma City, Okla. Child Study Center.

**A Comparison of Physician Responses to Child Abuse, Tulsa County, Oklahoma; 1969 and 1974.**

Young, M.

*Journal of the Oklahoma State Medical Association* 69(4):125-127, April 1976.

A survey of 93 physicians in 1969 and 71 physicians in 1974 indicated no statistically significant changes in attitudes and behavior concerning child abuse. A stable attitudinal perspective was maintained before and after the inception of a local central abuse registry; attitudinal variables with respect to information sources, cases of abuse treated, patterns of reporting, removing the child from the home, nonpunitive treatment approach, and protective intervention were investigated in the survey.

**CD-02053**

Children's Memorial Hospital, Oklahoma City, Okla. Child Study Center.

**Multiple Correlates of Abuse: A Systems Approach to the Etiology of Child Abuse.**

Young, M.

*Journal of Pediatric Psychology* 1(2):57-61, Spring 1976.

A model of the etiology of child abuse is developed with consideration given to the personality characteristics of the parent and associated sociological and contextual variables. Certain experiences in the lives of the parent long before the child is born may contribute toward either a positive or a negative predisposition to later abuse when they become parents. Although universally experienced, stress may be mediated through the individual's social position, personality characteristics of his own or his spouse's, and cultural expectations for parenting. When positive, mediation can help to alleviate stress associated with the marital relationship, family or societal circumstances, or the unique characteristics of the child and the demands he places on the parents. Unfavorable mediating factors may not only fail to buffer the parent from pressures of stress, but may increase the vulnerability to the precipitant situation. Repetitive situations will feed back negatively into the stress and further increase pressures. 41 references.

**CD-02054**

Denver Univ., Colo. Graduate School of Social Work.

**Protective Services to Abused and Neglected Children and Their Families. Understandings, Methods, and Materials of Training Practitioners in Protective Services.**

Zaphiris, A. G.

Denver, Colo., Univ. of Denver, Graphics Dept., 82 pp., 1975.

Technical and theoretical frameworks related to understandings, methods, and materials of training in the area of child abuse and neglect treatment are provided as part of a project designed to develop a national system for specialized training of supervisors and staff development personnel responsible for service to abused children and their families. The first part of this report includes summaries of understandings, methods, and materials used by a selected number of states in the training of protective service workers; summaries of procedures manuals in protective services used by 3 states; innovative programs operating in selected states; and a number of projects proposed for several institutional settings throughout the U.S. The second part presents an annotated bibliography classified according to either subject or processes such as definition, identification, etiology, characteristics of the abuser and the abused, treatment, legal aspects, prevention, and research. Miscellaneous reference materials are listed in a third section. Numerous references.

**CD-02055**

**Denver Univ., Colo. Graduate School of Social Work. National Training Center for the Training of Trainers in Protective Services to Abused and Neglected Children and Their Families.**

Zaphiris, A. G.

Prepared for: Social and Rehabilitation Service (DHEW), Washington D.C., 157 pp., August 1975.

The results of a 14-month project designed to establish a foundation for a national system of specialized training programs in protective services are reported. An additional phase of the project consisted of gathering information developed by other resources in the U.S. related to conventions, methods, and materials for training in protective services. Syllabi of content, bibliographies, and a list of visual aids to be used by trainers of supervisors, staff developers, public officials, court practitioners, probation personnel, police, and health and school personnel are presented. Proceedings of a 5-day workshop in Denver for 35 members from faculties of universities throughout the nation are briefly summarized. The workshop was conducted by a team of experts in the treatment of child abuse and neglect representing such disciplines as social work, pediatrics, law, juvenile justice, education, and journalism. Three follow-up sessions were held in New York City, Chicago, and New Orleans to gather input from the trainers regarding their training experiences and to supplement their training when necessary. Results of these sessions are outlined. Also included are case study illustrations, letters of request for materials, and announcements and evaluation instruments. Personnel involved in the workshop are listed. Numerous references.

**CD-02056**

Denver Univ., Colo. Graduate School of Social Work.

**Protective Services to Abused and Neglected Children and Their Families. Official Proceedings, National Institute for the Training of Trainers, Denver, Colorado, December 16-20, 1974.**

Zaphiris, A. G.

Denver, Colo., Univ. of Denver, Graphics Dept., 439 pp., 1975.

This workshop was part of a project designed to establish a foundation for a national training program for supervisory and staff development personnel concerned with abused and neglected children and their families. In addition to the speakers there were 35 participants, mostly representing schools of social work in the U.S. Presentations and discussions cover 7 general areas related to protective services: (1) community responsibility, (2) research practice, (3) social and cultural dilemmas, (4) the pediatrician's consultative role, (5) the hospital-based approach, (6) the social services-based approach, and (7) legal implications. Specifically, presentations cover the role of school personnel; the role of mass media in raising community awareness; the Chicano welfare rights perspective; service implications in the black community; medical diagnostic assessment of child abuse and failure to thrive; psychodynamics of abusive parents; abused child development; the American Academy of Pediatrics Nine Health-Based Units Study; predictive studies; and training methodologies.

**CD-02057**

Yale Univ., New Haven.

**Controlling Child Abuse in America: An Effort Doomed to Failure.**

Zigler, E.

In: Proceedings of the First National Conference on Child Abuse and Neglect, January 4-7, 1976. Washington, D.C., National Center on Child Abuse and Neglect (DHEW), (OHD) 77-30094, pp. 29-35, 1977.

The knowledge base in the child abuse field is much too limited to indicate any socially acceptable and realistic means of intervention with far-reaching effectiveness. The continuous collection of reliable data on incidence and standardization of the definition of child abuse are urged. Society's emphasis on secondary, as opposed to primary prevention, adds to the pessimism about the nation's ability to solve the child abuse problem. Tentative information suggests some possible primary prevention policies including: employment assistance; incorporation of the health of families as a variable in the cost-benefit equations which lead to national policy; a national commitment to parenting education with courses on parenthood in all high schools; and massive intervention to reduce the incidence of premature births. Child abuse should be viewed more as a sociocultural, ecological phenomenon, rather than a personal pathological one. Such an approach discounts the value of treatment through select psychiatric intervention. The control of child abuse is more likely to come from

efforts to enhance social service programs. Pessimism about the nation's ability to control child abuse also stems from the approval of corporal punishment in child rearing and the incidence of abuse in residential institutions, hospitals, and schools.

**CD-02058****Child Abuse: What the Army's Doing About It.**

Zurian, E.

*Soldiers* 29(8):5-12, 1974.

The clinical and etiological aspects of child abuse are discussed, and the approach of the U.S. Army to the problem is described. The most characteristic indicators of abuse are unexplained injuries, and unusual behavior of the child and the parents in the emergency room. Among the characteristics of the parents are low self-esteem, a history of having been abused themselves as children, a

low tolerance for frustration, the inability to accept criticism, isolation, and a tendency toward unrealistic expectations of the child. Most abused children are younger than 5 years. At particularly high risk are premature children, those with physical or mental abnormalities, adopted or step-children, and those who are hyperactive or precocious. The Army has several comprehensive programs in operation to deal with the problem, with education being the basic element of these programs. Training in "mothering" is offered to prospective parents, along with hot line information for times of stress. Hospital and school personnel are trained to identify cases, and the multidisciplinary treatment approach is used. Civilian authorities do not have jurisdiction on Army installations, which are federal property. Hence, a legal snag arises when a family refuses to have the child removed from the home. This problem must ultimately be settled by the Judge Advocate General's Office, the Surgeon General, and the Attorney General.





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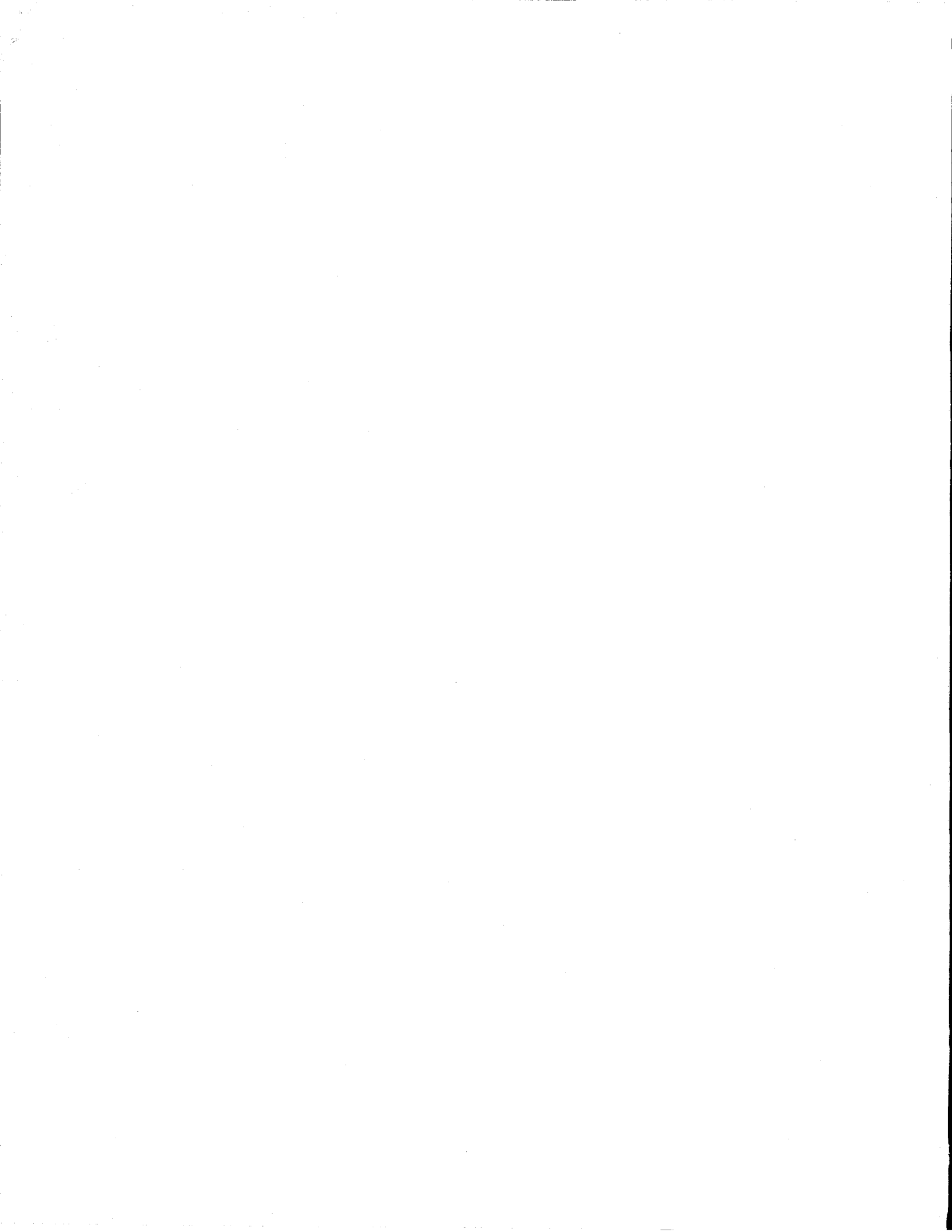
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Child Abuse and Neglect: An Exploratory Study of Factors  
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Options in Education, Transcript for December 8, 1975: Child  
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Legislative Aspects of the Battered Baby Syndrome in the  
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Protective Services to Abused and Neglected Children and Their Families. Official Proceedings, National Institute for the Training of Trainers, Denver, Colorado, December 16-20, 1974.  
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Clinical Application of the PD, MA and (OH) Experimental MMPI Scales to Further Understanding of Abusive Parents.  
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Education for Parenting: A Preventive Approach to Child Neglect and Abuse.  
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Children at Risk. The Basic Needs of Children in the World Today.  
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Ethical Issues in Early Identification and Prevention of Unusual Child Rearing Practices.  
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Ethical Issues in Screening for Unusual Child-Rearing Practices.  
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Makah Child Development Center. Progress Report. January 1975.  
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Licensing for Child Care. A Preventive Welfare Service.  
CD-01472

Child Abuse Prevention. Hearing on H.R. 15779 and H.R. 15918.  
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Working Papers on Child Abuse and Neglect, Foster Care, and Adoption.  
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Child Abuse and Neglect. The Problem and Its Management, Volume 3. The Community Team, An Approach to Case Management and Prevention,  
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Social Aspects of Baby Battering Syndrome in Relation to Family Planning. (Letter).  
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A National Conference on Child Abuse and Neglect for Selected Agencies Providing Services to Migrant Farmworker Families. Trainer's and Consultant's Curriculum Manual.  
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Representing Juveniles in Neglect, PINS and Delinquency Cases in the District of Columbia.  
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Sexual Assault Services. Sexual Assault: A Manual for Law Enforcement, Medical, Social Service, Volunteer and Prosecutorial Personnel and Agencies.  
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A Pediatric Generalist's Experiences With Child Abuse and Neglect in a Small, Isolated Community.  
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Child Protective Services. A Forum Conducted for Florida Department of Health and Rehabilitative Services, District 2.  
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Child Abuse: A Multidisciplinary Interagency Program for Identification and Referral. Final Program Status Report.  
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A Manual of Staff Development and Training in Protective Services for Provider Agencies.  
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Final Report. Training and Technical Assistance to Develop, Revise and Supplement Indian Tribal Codes and Court Procedures on Child Abuse and Neglect.  
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Child Advocacy: A Progress Report.  
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Child Abuse and Neglect: A Directory of Consultants and Train-  
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Protective Services to Abused and Neglected Children and Their  
Families. Understandings, Methods, and Materials of Training  
Practitioners in Protective Services.  
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National Training Center for the Training of Trainers in Protec-  
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Protective Services to Abused and Neglected Children and Their  
Families. Official Proceedings, National Institute for the Training  
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Communication and Collaboration in Developing Approaches to  
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Federally-funded Child Abuse and Neglect Projects, 1975.  
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First Annual Research Report.  
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Evaluation Report for Period May 1, 1974-April 30, 1976.  
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Child Abuse: A Multidisciplinary Interagency Program for Identification and Referral. Final Program Status Report.  
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National Training Center for the Training of Trainers in Protective Services to Abused and Neglected Children and Their Families.  
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- Protective Services to Abused and Neglected Children and Their Families. Official Proceedings, National Institute for the Training of Trainers, Denver, Colorado, December 16-20, 1974.  
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Coordinating Community Concern for Child Abuse and Neglect. First Annual Research Report.  
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Arizona Community Development for Abuse and Neglect: Advisory Committee Guide-Speakers Handbook.  
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Child Abuse and Neglect Resource Center; Region 3. Training Manual.  
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A National Survey of Attitudes of Selected Professionals Involved in the Reporting of Child Abuse and Neglect.  
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Laws for Mandatory Reporting of Child Abuse Cases.  
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Law and the Legislative Process.  
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Child Abuse and Neglect in the States: A Digest of Critical Elements of Reporting and Central Registries.  
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A Comparison of the States' Child Abuse and Neglect Reporting Statutes.  
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Colorado: Child Abuse and the Child Protection Act.  
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Legal Protection of the Drug-Addicted Infant.  
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Subsidized Adoption in America.  
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Maryland Commission on Juvenile Justice: 1977 Final Report.  
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Child Abuse: An Overview.  
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Recognizing Child Abuse. Identification, Initial Plan, and Management Problems.  
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Legal Research on Child Abuse and Neglect: Past and Future.  
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New Child Abuse Law Explained.  
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Child Abuse: The Legal Framework in Nebraska.  
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1975 Annual Report for the Provision of Child Protective Services in New York State.  
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Development of Standards for Juvenile Justice: An Overview.  
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An Analysis of Complainants and Complaints in a Public Agency Protective Services Setting.  
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Child Abuse - Child Neglect in the Metropolitan Denver Area.  
CD-01862

Representing the Parent in a "Care and Protection" Custody Hearing.  
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Protection for Abused Children; Review of Recent Legal Developments.  
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Incest With Adopted Daughter Conviction Reversed - Otherwise Upheld.  
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Child Abuse - A Medical Emergency.  
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Law and Child Advocacy in Kentucky Juvenile Courts.  
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Maryland Laws on Child Abuse and Neglect: History, Analysis and Reform.  
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Mandatory Reporting of Child Abuse in Nebraska.  
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Child Abuse Laws: Past, Present, and Future.  
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The Physician and the Battered Child Syndrome in the United States and in Oklahoma.  
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**STATE LEGISLATION**

Issues Related to the Role of Law, Litigation, and Advocacy in Improving Society's Ability to Deliver Child Protective Services.  
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Child Abuse and Neglect: Problems, Policies, and Provision.  
CD-01696

Issues on Child Abuse and Neglect in South Carolina.  
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Arizona Community Development for Abuse and Neglect:  
Advisory Committee Guide-Speakers Handbook.  
CD-01366

Second Annual Report of the Care-Line.  
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State Trends and Priorities in Services for Children and Their  
Families: A Report of a Telephone Survey.  
CD-01541

Legal Protection of the Drug-Addicted Infant.  
CD-01587

Home-Based Family Services. Report of the Georgia Outreach  
Project.  
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Child Advocacy. Report of a National Baseline Study.  
CD-01695

1975 Annual Report for the Provision of Child Protective Serv-  
ices in New York State.  
CD-01830

Child Welfare in 25 States - An Overview.  
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The Child Medical Evaluation Program.  
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Color Me Grey. Part II.  
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**STATE SURVEYS**

Statistical Report on Specialized Child Protective Services.  
CD-01447

Statistical Data on Child Abuse Cases Reported to the State  
Department of Social Services. October-December 1975.  
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Child Abuse. A Current Study.  
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Child Welfare in 25 States - An Overview.  
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Institute on Child Neglect and Abuse Curriculum Guide.  
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Child Abuse and Neglect Resource Center: Region 3. Training  
Manual.  
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Supply and Demand for Child Foster Family Care in the South-  
east.  
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Improving Society's Ability to Deliver Child Protective Services.  
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Protective Services for Abused and Neglected Children and Their  
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**STATISTICAL ANALYSIS**

Comparison of Child Abuse Parameters for the State of Arizona  
From 1971 to 1975.  
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1972 - October 15, 1972.  
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The Judicial Dilemma in Child Abuse Cases.  
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**STATISTICAL DATA**

Issues of Violence in Family Casework.  
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Basic Skills and Information Manual: Child Maltreatment.  
CD-01417

Statistical Report on Specialized Child Protective Services.  
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Trends in Foster Care in New York City 1960-1973.  
CD-01483

Third Annual Report of the Care-Line. January 1, 1976 - Decem-  
ber 31, 1976.  
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Juvenile Court Statistics - 1972.  
CD-01848

Juvenile Court Statistics - 1973.  
CD-01849

Statistical Report on Specialized Child Protective Services for  
1972.  
CD-02030

The Central Registry for Child Abuse Cases: Rethinking Basic  
Assumptions.  
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**STATISTICAL STUDIES**

Trends in Foster Care in New York City 1960-1973.  
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Ill-Health and Child Abuse. (Letter).  
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Non-accidental Trauma and Failure to Thrive: A Socio-Medical  
Profile in Denver.  
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Trends in Child Abuse Reporting in New York State, 1966-1972.  
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Protective Services in Public Welfare - Davidson County, A Research-Demonstration Project With Protective Services Families.  
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Prevention of Injuries to Anterior Teeth.  
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#### STATISTICAL SURVEYS

Statistical Report on Specialized Child Protective Services.  
CD-01447

#### STATISTICS

Child Abuse - Preview of a Nationwide Survey.  
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Child Maltreatment in the United States. A Cry for Help and Organizational Response.  
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1975 Annual Report for the Provision of Child Protective Services in New York State.  
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Optimism or Pessimism for the Victim of Child Abuse?  
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Toward a General Stress Theory of Intra-Family Violence.  
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Evaluation of Violence and Dangerous Behavior Associated With Mental Illness.  
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A Study of Child Abuse Reporting Practices and Services in Four States.  
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Evaluation of Cost-Effectiveness of Services Provided to Abused and Neglected Children and Their Families Under Titles IV-A and IV-B. Volume I.  
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Evaluation of Cost-Effectiveness of Services Provided to Abused and Neglected Children and Their Families Under Titles IV-A and IV-B. Volume I.  
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Recognizing Child Abuse. Identification, Initial Plan, and Management Problems.  
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Basic Skills and Information Manual: Child Maltreatment.  
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Working Papers on Child Abuse and Neglect, Foster Care, and Adoption.  
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The Use of the Confrontation Technique in the Battered Child Syndrome.  
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Volume II. Child Abuse and Neglect: The View From the Literature and the View From the Field.  
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Child Maltreatment in the United States. A Cry for Help and Organizational Response.  
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Implications of the Neighborhood Helping Network Study Design for the Problem of Child Abuse.  
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Child Welfare in 25 States - An Overview.  
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Directory of Foster Parent Associations.  
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| 16. Abstracts<br>This third edition of <u>Child Abuse and Neglect Research: Projects and Publications</u> contains informative abstracts of over 700 published documents and up-to-date descriptions of about 160 publicly and privately funded research projects. The publications are dated 1965-1977 and represent medical, legal, psychological, sociological, and other viewpoints of the child abuse and neglect problem. About two-thirds of the projects were originally described in earlier editions of <u>CAN Research</u> (PB-251,010, May 1976; PB-260,800, November 1976). These were updated in the Fall of 1977. In addition, about one-third of the projects, which were identified in 1977, are being described for the first time. Author and subject indexes for publications, and investigator, organization, financial sponsor, and subject indexes for projects are included. |                                      |  |  |
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0-10,

4. What other changes or improvements would make it more useful to you or your group?

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0-10

5. Additional comments or suggestions.

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0-10

6. Your Name \_\_\_\_\_

Job Title \_\_\_\_\_

Place of Employment \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code

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Thank you for your cooperation.

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and staple, so  
that return post  
card is on out-  
side.)

(Fold)

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Stamp  
Here

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National Center on Child Abuse and Neglect  
U.S. Children's Bureau  
Office of Child Development  
P.O. Box 1182  
Washington, D.C. 20013

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