

Marian Eskin

1977 ANALYSIS OF CHILD ABUSE AND NEGLECT RESEARCH



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U.S. Children's Bureau
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INTRODUCTION

By Congressional mandate, Public Law 93-247, the National Center on Child Abuse and Neglect is directed to compile and publish a summary of recently conducted research in the field of child abuse and neglect. This document is intended to provide a broad overview of the status of child abuse and neglect research from 1965 to the present with an emphasis on more recent studies. Findings from works in progress have been noted where possible and it is anticipated that the next annual update of the analysis will include more complete information from these studies.

Applied rather than basic research has been examined for the analysis, which covers five substantive areas of study in the field of child abuse and neglect: (1) definition, (2) incidence/prevalence, (3) psychosocial ecology, (4) prevention and treatment, and (5) effects/sequelae. The central issues, topics, and questions in these five areas are the focus of this effort which has used as its major data source the National Center on Child Abuse and Neglect's information clearinghouse. The analysis is based on selected studies which have systematically examined some aspect of the field and documented their findings. This selective approach has necessarily ignored much material which although informative and interesting is primarily descriptive or anecdotal in nature and relates to programs rather than research.

The audience to be served by this analysis of research is professional practitioners in the field, researchers, and administrators at different levels. It is hoped that it will be useful to this audience in several ways:

- to provide a means of gaining background information in these five areas;
- to serve as a resource for anyone embarking on a new project;
- to enable researchers to check findings for comparability with other projects; and
- to suggest new areas of research.

Each of the five areas under study has warranted a different approach because of the nature of the subject, and the extent and availability of research findings. The section on definition dis-

cusses commonly used definitions and legal decisions and is limited to one major piece of research on definition. The section on incidence covers the subject matter in greater depth for two reasons: the nature of the subject did not demand long explanations; and because of the recent development of reporting systems in each state and the anticipation of the results of the national incidence study currently under way, the body of information available for examination was larger.

Psychosocial ecology is a relatively new area which synthesizes the contributing and mitigating factors found in the social environment, in the personality characteristics of the family members, and in the interaction among these individuals and between them and their social environment. This subject covers such a vast field of research that certain limitations had to be incorporated in the analysis. Much primary research was not reviewed and a wealth of research associated with this field but not bearing directly on child abuse and neglect was left untouched.

While a great deal has been written about the prevention and treatment of child abuse and neglect, it was necessary to search for empirical data on various prevention and treatment programs and to eliminate the major body of descriptive material. Finally, in the chapter on effects/sequelae it was necessary to qualify many of the findings because of the problem of sorting out the relationship between cause and effect.

This analysis was written by Mary Porter Martin with the assistance of Susan L. Klaus and Dr. Maure Hurt, Jr., Social Research Group, The George Washington University. Dr. Douglas Berninger directed the work for Herner and Company.

The analysis was reviewed by a panel of experts: Dr. Anne Cohn, Berkeley Planning Associates; Dr. Jeanne Giovannoni, School of Social Welfare, University of California, Los Angeles; and Dr. Norman Polansky, School of Social Work, The University of Georgia. Their contributions to this effort were of invaluable assistance.

DEFINITION

One of the central issues in the field of child abuse and neglect is that of defining the problem. The vagueness and ambiguities that surround the definition of this particular social problem touch every aspect of the field. The way in which one defines abuse and neglect affects what is reported and how many reports are made, which in turn affects the effort to assess an incidence rate. In many cases comparability across research findings is not possible because of the use of different definitions in studies. Prevention and treatment programs are also influenced by the inclusion or exclusion of certain behaviors within the definition of abuse and neglect. Using a broad definition, abuse and neglect include all acts that interfere with the optimal development of children. This definition leaves open the issue of what is the optimal development of a child and what acts interfere with this development. At the other extreme, abuse and neglect include only those acts that result in observable injuries, a definition that excludes an uncomfortably large number of children who do not exhibit observable injuries yet are abused and neglected.

In writing a definition, decisions such as whether to distinguish between neglect and conditions indicating a need for services, whether to consider only serious visible injuries as abuse, and whether to separate abuse from neglect, are dependent in part on the writer's purpose and theoretical frame of reference and affect a whole range of practical questions.

The following discussion will present some of the differences among commonly used definitions, followed by findings from relevant research efforts. Classification systems or taxonomies which have been developed will also be discussed.

Commonly Used Definitions

Three basic approaches to the definition of abuse have been identified in the literature (Parke & Collmer, 1975). One seeks to define abuse in terms of outcome for the child. Kempe, Silverman, Steele, Droegemueller, and Silver (1962) in defining the "battered child syndrome" provide an example of this approach. By their definition, abuse is "a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent" (p. 4). Fontana's (1974) definition of what he termed the "mal-

treatment syndrome" encompassed a much wider scope, including emotional and nutritional deprivation, neglect, and abuse, but he also perceived it in terms of manifestations of physical evidence. The drawback of this type of definition is that accidental injuries may be included as abuse.

A second approach focuses on the intent of the perpetrator and is exemplified by the definition developed by Gil (1970) for his national incidence study. He defined abuse and neglect as "intentional, non-accidental use of physical force, or intentional, non-accidental acts of omission, on the part of a parent or other caretaker, interacting with a child in his care, aimed at hurting, injuring or destroying that child" (p. 6). Gil himself recognized the operational problem of differentiating between accidental and intentional elements, between chance elements and unconsciously intentional elements. Another criticism leveled at Gil's definition is that it includes any physical punishment as abuse and is thus not sufficiently discriminating, though it does include the perpetrator, broadens the scope of abuse and neglect, and indicates factors other than those of the victim's condition. A subsequent definition proffered by Gil (1975) which includes societal agents as well as individual perpetrators has continued to set him apart from other writers. This definition describes abuse as "inflicted gaps or deficits between circumstances of living which would facilitate the optimal development of children to which they should be entitled, and their actual circumstances, irrespective of the sources or agents of the deficits" (p. 347).

A third approach to the definition of abuse focuses on the role of the observer and suggests that abuse is not a set of behaviors but a culturally determined label. From this viewpoint, abuse is defined by community norms and standards and by the social class and cultural background of the defining individual.

Certain definitions do not fall into any of the theoretical perspectives noted above, focusing neither on outcome, on intent of the perpetrator, nor

on the role of the observer or community. Newberger (see National Institute of Mental Health, 1977) defined abuse as "an illness, with or without injury, stemming from situations in [the] home setting which threaten a child's survival" (p. 117). A somewhat more specific definition which also includes the threat of harm was included in the Child Abuse Prevention and Treatment Act of 1974 (Public Law 93-247). In this law, abuse and neglect were defined as the "physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby..." (Sec. 3).

Definitions of neglect have focused on acts of omission by a parent or caretaker in providing such things as food, clothing, medical attention, supervision, education, and other things that society considers vital to a child's care. The definition offered by Polansky, Hally, and Polansky (1975) is the most comprehensive:

Child neglect may be defined as a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities. (p. 5)

Legal Definitions

Although all 50 states have enacted statutes requiring reporting of abuse and/or neglect, only 40 attempt to define what is meant by these terms in the reporting law (Education Commission of the States, 1977). Many of the definitions that have been developed fall short of good operational definitions needed for intervention. Reporting systems, the quantity and quality of evidence, criminal or civil procedures, religious immunity, and children's rights versus parental rights are but some of the legal issues that are involved in the development of a good legal definition of child abuse and neglect. The challenge is to develop a definition that allows for intervention in those instances where children need protection, parti-

cularly when parents refuse assistance, but that protects individuals from inappropriate and arbitrary intervention by the state.

Court Decisions

One of the critical legal issues that compounds the definitional problem is that of children's rights versus parental rights. A Supreme Court decision, *Wyman v. James*, which upheld New York State's requirement that a welfare mother allow home visits by her caseworker, dealt with this issue and provides some information on how the judicial system has approached this question. The novel element in this decision was the recognition that the child has an interest in the caseworker's visit separate from the mother's, that parenthood affects legal status, and that "parental responsibility is a recognized basis for limiting constitutional rights and freedom of action" (Dembitz, 1971, p. 395). This decision lessened the mother's constitutional right to privacy and may have had an impact on the development of a definition, since the practical application of a definition is influenced by the courts.

Deciding when a child has been neglected is another difficult legal issue. It has been suggested that the best guide for the courts in cases of neglect (particularly emotional neglect which is perhaps more difficult to judge) is to borrow from negligence laws and apply the test of the "reasonably prudent man." Paulsen (see Gesmonde, 1972) states that while this is an appropriate method to decide cases, what the courts actually do is to find neglect only when parental acts fall below the minimum standard set by the community. He cites a case of a court denying an order to permit surgical correction of a harelip and cleft palate, suggesting that if the test were that of the reasonably prudent man, the surgical correction would have been permitted. There is some support for this in an Oregon case and from a New York court (see Sussman, 1974). The Oregon court stated that termination of parental rights was not possible in those situations where conduct was normal for many, though the child was not being raised in circumstances desirable for all children. Court standards seem to be for minimum care for the health and welfare of a child as evidenced by a New York court definition of neglect as "the absence of the minimum degree of care tolerable in a humanitarian community."

Research

Very few systematic efforts have been initiated to resolve the problem of vagueness and ambiguity in definitions of abuse and neglect. It is possible to cull some data which elucidate the effect of greater specification, or of broadening the definition, from studies concentrating on other research questions. These data suggest that changes in statutes which result in greater specification of categories of abuse or neglect also result in greater numbers of cases reported. In Johnson's (1974) study of reported cases of abuse in seven southeastern states (Alabama, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) from 1968 to 1972, it was found that when one of the states changed its law to include severe malnutrition as abuse, the number of cases reported the following year more than doubled, although it had remained stable for the three previous years. After a subsequent amendment in the same state, adding, among other things, sexual abuse and gross neglect as reportable abuse, there was again a large increase in reporting.

While the inclusion of additional specific categories of abuse and neglect in statutes serves the useful function of bringing to the attention of the authorities cases that otherwise would not be reported, broadening the definition to include potential abuse may result in a larger number of unsubstantiated cases. It was noted in this same study (Johnson, 1974) that when the definition of reportable abuse was broadened to include "the risk of abuse" in one state, less than half the cases reported were confirmed, whereas in two states where abuse was defined as physical injury only, four-fifths of the suspected cases were substantiated through investigation. This may indicate that it is difficult for agencies to prove as abuse those cases in which no apparent injury exists.

Furthermore, a broader definition may affect the kind of cases reported. A study of the influence of state and county characteristics on child abuse reporting (Groeneveld & Giovannoni, 1977b) noted a systematic difference in kinds of cases reported which could be attributed to differences in definitions. Where only physical injury was a reporting requirement, few non-physical injuries were reported and the smallest number of neglect cases were substantiated. Where the statute was broader, the largest proportion of reported cases of nonphysical injury was made and the largest percentage of neglect cases was substantiated.

One notable exception to the paucity of research efforts in this area is a recent study by Giovannoni and Becerra (1977) which reported on the degree of consensus within and among certain professions about the relative seriousness of different categories of abusive and neglectful acts and of different acts within categories. A full discussion of this effort seems warranted here since it is directed specifically at the problem of defining abuse and neglect and since the results of this study have important implications for the field.

The study noted that four groups of professionals are involved in the management of child abuse and neglect cases—lawyers, doctors, social workers, and the police—and that in part the issue of definitional differences reflects the lack of consensus among these professionals. Evidence of definitional disagreement was indicated by (1) the failure of some to define as abusive or neglectful individual cases that others put in this category, (2) the empirical data on dissatisfaction with present operating definitions and criteria, and (3) the data concerning mutuality of decisions about an individual case (i.e., the lack of substantiation of cases that are reported).

The authors cite four reasons which are found in the literature for this definitional disagreement:

1. *Psychodynamic reasons.* This line of reasoning suggests that because of psychological discomfort with the abusive or neglectful behavior, it is denied. The result is that situations are not identified and children go unprotected. Further, this denial and avoidance of specifics of cases has hindered the evolution of a definition of greater specificity since cumulative observations are necessary to this process.
2. *Sociocultural pluralism.* Into this category fall those who say abuse and neglect are relative matters subject to social values which change over time and vary within different segments of society. An additional concern here is that official designations impose middle-class values on lower-class families.
3. *Differing professional functions.* Since different work settings influence professional perceptions, it is reasonable to expect differences among professionals who work in different kinds of settings and carry out different functions.

4. *Lack of knowledge in child development.* Underlying the lack of specificity of definition is a lack of reliable knowledge of factors that impair children's development.

The first reason—the suggestion that failure to identify abused and neglected children stems from avoidance or denial of the problem—was not supported by the data from this study. The professionals questioned made fine discriminations among specific incidents. The authors report a better explanation of failure to agree on case identification may be found in the differences in professional roles and role orientations. The strongest and most systematic differences occurred between professionals who have primary responsibility for screening cases into or out of protective intervention and those with secondary responsibility. The data support the suggestion that definitional differences are due to differences in organizational settings and functions.

In addition, the professionals and members of the community in this study agreed on their perceptions of the seriousness of abuse and neglect incidents indicating that the argument that specific definitional criteria may make protective actions insensitive to community values is not supported. The imposition of middle-class values was not borne out, but rather the data suggest that culturally diverse values are better protected by more specific definitions.

The data in this study argue for the plausibility of developing specific definitions and criteria for different kinds of child maltreatment beyond the global, non-specific terms of "abuse" and "neglect." The study demonstrates that the more abstract terms can be operationalized. Further, the evaluation of specific incidents can be quantified; in so doing, areas of value differences can be identified and the magnitude of these differences can be quantified. (Giovannoni & Becerra, 1977, p. 79)

These results cause one to lament the present state of vagueness and ambiguity in definitions in many statutes. The vagueness and ambiguities could be reduced by the specification of categories of behavior, followed by the introduction of these categories to the legal arena where they could be

tested for constitutionality. It is noted that a checklist is a practical idea, since the list of categories is far from infinite. The resulting precision is necessary not only for reporting laws, for central registries, and for statistical purposes in accountability systems, but also for incidence estimates, for baseline data for etiological investigation and evaluative studies (Giovannoni & Becerra, 1977).

Preliminary results from a study by Polansky (personal communication, July 1977) support the finding that there exists a consensus on those acts which constitute abuse and neglect. Using an urban version of his previously developed Childhood Level of Living Scale, this study assessed the adequacy of child care among a group of neglecting mothers and a "normal" control group. The study then sought to ascertain whether the test scorers imposed "middle class" values in the scoring by comparing their ratings of the items in the scale with ratings made by a group of low-income white mothers. With only four exceptions, both scorers and mothers rated the items the same. A subsequent comparison of the ratings of the group of low-income white mothers with a group of upper-middle class suburban mothers found that both groups rated the items almost identically. The author concludes that there is no substantial subculture in this country that does not object to those inactions that are labeled neglectful behavior and that class differences on the appropriateness of child care are minor.

Taxonomies

The boundaries or parameters of abuse and neglect can be delineated by degrees of behavior along a continuum or as whole categories or classes of actions. In the former instance the debate centers on such issues as the severity of physical harm done; while in the latter case, the question is one of whether to include whole classes of actions, such as emotional neglect.

One finding from the Giovannoni and Becerra (1977) study was that incidents of abuse could be placed in categories that were empirically derived. These categories are presented in Table 1 along with a similar outline of categories described by Wald (cited in Giovannoni & Becerra, 1977) in his analysis of statutes and court practices.

TABLE 1

CATEGORIES OF ABUSIVE AND NEGLECTFUL BEHAVIOR

Categories Reported by Wald ^{a/}	Categories Reported by Giovannoni and Becerra ^{b/}
Physical abuse	Physical abuse
Sexual abuse	Sexual abuse
Inadequate parenting	Failure to provide supervision
Inadequate supervision	
Emotional neglect	Emotional neglect
Immoral or unconventional parental behavior	Sex-related neglect
Parental conduct that constitutes contributing to the delinquency of a minor	Nonsexual, moral neglect
Failure to provide medical care	Failure to provide health care
	Educational neglect
	Drugs/alcohol

^{a/}Reference: Wald (1975).

^{b/}Reference: Giovannoni and Becerra (1977, Table 2, p. 67).

This taxonomy is similar to others presented in the literature, with two exceptions: DeFrancis (1972) adds community neglect and Meir (cited in Giovannoni & Becerra, 1977) adds the exploitation of a child's earning capacity. Thus, Giovannoni and Becerra's categories represent a taxonomy of acts of abuse and neglect which is similar to others found in the literature but more importantly has been validated empirically.

Within each category of this taxonomy, specific acts can be arrayed along a continuum according to their degree of seriousness. Classifying the degree of seriousness represents another step in the process of defining the parameters of abuse and neglect. Many factors may be involved in this classification process, among them the age of the child, the relationship of the perpetrator to the child, the consequence to the child, the means of abuse, and the child's awareness of the behavior.

The Giovannoni and Becerra (1977) study was limited to two variables: the act and the consequence for the child. While there was consensus in the *relative* rankings of individual vignettes and categories, there was no consensus on the *absolute* ratings of seriousness among the professionals represented. What was noted was that acts were considered more serious when a consequence was added and that "the ability to make choices on ... relative seriousness is dependent on a high degree of knowledge about child abuse and neglect that is most nearly approximated by the combination of many occupations" (Giovannoni & Becerra, 1977, p. 61).

On the other end of the spectrum, for those acts that are generally accepted as less serious behaviors, the evidence is less clear. These include normal good parenting behavior as well as behaviors that indicate life-styles different from the

norm but behaviors in which society has no justifiable right to interfere. Court decisions necessarily categorize certain acts as not being abusive or neglectful, such as the above example of failure to permit surgical correction of a harelip and cleft palate, but the degree of consensus on such acts or omissions has not been systematically examined.

It is generally assumed that the gray area between those behaviors considered definitely abusive or neglectful and those considered definitely not abusive or neglectful is quite large. However, according to the Giovannoni and Becerra

(1977) study, a systematic examination of borderline behaviors could categorize them by consensus or at the least narrow the gray area.

In summary, from the limited research available on the definition of child abuse and neglect, it is possible to draw two conclusions: (1) that differences in definitions found in statutes affect the extent and kinds of cases reported and the percentage of reported cases which are substantiated, and (2) that a consensus does exist among professionals and nonprofessionals on those acts or behaviors considered abusive or neglectful. These findings suggest that further research could reduce the vagueness and ambiguities in most definitions and could identify differences which may be due to professional roles and role orientations or to value differences.

INCIDENCE/PREVALENCE OF ABUSE AND NEGLECT

Attempts to measure the rate at which new cases of abuse and neglect occur in the United States during a specified time period (incidence) or the number of cases of abuse and neglect in existence at a particular point in time (prevalence) have been unsuccessful for a number of reasons. The sources of information have been biased in ways only partially understood and the resultant figures are not yet statistically controllable; definitional differences across states and even within studies have made statistical projections to larger populations inaccurate; increased public and professional awareness of the problem, in hand with increased enforcement of reporting mandates, have made trend analysis unreliable; and the very private nature of the action and its similarity to accidental injury or to conditions found in an impoverished environment have made detection very difficult.

Furthermore, these efforts are confounded because of the difficulty of measuring a behavior that is not static. Many families move up and down the scale between abusive or neglectful behavior and nonabusive or nonneglectful behavior.

This section will discuss the various estimates of the extent of abuse and neglect which are found in the literature, followed by a discussion of the limitations.

To date most studies have measured incidence rates, though prevalence may well be the better measure of neglect (Polansky et al., 1975). For this reason, only incidence rates are under consideration here.

Estimates of Incidence of Abuse

One of the first attempts to estimate the incidence of abuse was by DeFrancis (1963) who used as his source cases of abuse reported in newspapers of 48 states and the District of Columbia in 1962. He found 662 cases. In the same year, Kempe et al. (1962) surveyed 71 hospitals, finding 302 cases, and surveyed 77 district attorneys, who knew of 447 cases in that year.

The first national incidence study of abuse was conducted by Gil (1970) in conjunction with the National Opinion Research Center in 1965. This survey asked 1,520 respondents if "they person-

ally knew families involved in incidents of child abuse resulting in physical injury during the twelve months preceding the interview." The responses to this question allowed an upper limit of 4.07 million cases of child abuse while a lower estimate, based on the percent of the sample who said they themselves had physically injured a child at one time, was 2.5 million cases.

The Gil figures are generally considered to be overestimates of the problem. A reanalysis of Gil's figures by Light (1973), who made certain assumptions about the number of families with children each respondent knew and how well the respondent knew these families, gives a lower estimate of 174,000 abusive *families*. If more than one child per family is abused, then between 200,000-500,000 children are abused each year, according to Light.

A report by Helfer and Pollack (1968) of children seriously injured by nonaccidental means in 1966, cites 10,000-15,000 children of whom 5% were killed and another 25-30% permanently injured. By contrast, a survey by Gil (1970) of every incident of abuse reported through legal channels in 1968 revealed only 6,617 cases of abuse.

More recently, Kempe and Helfer (1972), projecting from reported cases in Denver and New York City in 1972, estimated 60,000 incidents per year in the United States. This figure of 60,000 was used by then senator Walter F. Mondale in 1973 hearings on the Child Abuse Prevention and Treatment Act as the number of children *reported* to have been abused; the Education Commission of the States cited 60,000 as the number of children *actually* physically abused. Brian Fraser, staff attorney for the National Center for the Prevention and Treatment of Child Abuse and Neglect, estimated that 76,000 children are seriously abused by their parents each year, while Dr. Vincent DeFrancis, director of the Children's Division of the American Humane Association, estimated 30,000-40,000 cases of "truly battered children," at least 100,000 children sexually abused each year, and 200,000-300,000 children psychologically abused each year (cited in Cohen & Sussman, 1975). Fontana (quoted in Light, 1973) estimated the incidence of abuse for the year 1972 as 1.5 million cases.

The three most recent attempts at establishing an incidence rate for abuse have not resolved the wide discrepancy in estimates, even though care was taken to separate abuse from neglect and to limit the estimate to substantiated cases only.

Cohen and Sussman (1975) derived their estimate of 41,104 cases of abuse in 1973 by doubling the reports of abuse for that year from the 10 largest states, representing 50% of the United States population, and multiplying this figure by the confirmation rate seen to exist from the states that maintained such records. According to them, since this figure includes both abuse and neglect projections from many states, it is the highest estimate allowable from the data.

Nagi (1975) estimated that 600,000 reports of child abuse and neglect came to the attention of protective agencies during the 12 months from October 1972 through September 1973; he used figures from a survey of agencies related to abuse and neglect, representing a probability sample of the United States population. He also weighted the reported rates by the number of households in the sample residing in the respective jurisdictions.

Nagi also estimated a figure of 925,000 cases of abuse and neglect which could be expected to have occurred that year. This estimate was based on figures from the State of Florida, which is often used as a referent for potential numbers of reports since it saw such an increase in reported cases after implementation of its well-publicized reporting system. With 925,000 reportable cases expected to have occurred and 600,000 estimated to have been reported to protective agencies, 325,000 abused and neglected children were not brought to the attention of protective services (Nagi, 1975).

The 925,000 figure is reportable cases, not substantiated cases. Using the substantiation rate from Florida and assuming the level of reporting is the same in the nation as in Florida, it was estimated that 555,000 cases of substantiated abuse and/or neglect occurred in 1972/73. Of these, 360,000 were estimated to have been reported to child protective agencies; an additional estimate of 195,000 unreported cases would have been substantiated had they been reported.

Respondents from the protective services in Nagi's (1975) survey were asked about the proportion of children reported who were considered cases of abuse. If this proportion—27.9%—is applied to the national estimate of 600,000 cases of abuse and neglect, it yields 167,000 cases of abuse estimated as reported and another 91,000 more abused children not reported (total = 258,000).

The third source of information for estimating the number of children abused each year is a study of violence in American households, between husbands and wives, parents and children, and between siblings (Gelles, 1977). Violence was defined as "an act carried out with the intention of, or perceived intention of, physically injuring another person" (p. 7). This broad-range definition includes both a slap and murder, both spanking as discipline and striking with the intent to kill. The findings from this study indicate that violence is a phenomenon that is a pattern of parent-child relations. Of the parents interviewed, 3.5% admitted that they kicked, bit, hit with a fist, hit with something, beat up, threatened with or used a knife or gun on a child *at least once in 1975*. If these data are valid, this suggests that 1.4-1.9 million children were vulnerable to physical injury from violence that year. This study also reported the following types of parent to child violence *that had ever occurred*: threw something, 9.6%; pushed, grabbed, or shoved, 46.4%; slapped or spanked, 71%; kicked, bit, or hit with a fist, 7.7%; hit with something, 20%; beat up, 4.2%; threatened with a knife or gun, 2.8%; used a knife or gun, 2.9% (Gelles, 1977).

In summary, using the latest available data, estimates of abuse vary from 40,000 actual cases of abuse reported in 1973 to 167,000 cases of abuse estimated as reported in 1972-1973 with another 90,000 abused children not reported, to 1.5 million children vulnerable to physical injury by violence in 1975. (See Table 2.) The first two estimates are based on a selective sample of reported cases projected to the larger population; the latter estimate is based on a household survey of violence in the family. While the broadness of the definition of violence in the latter study may explain the magnitude of that estimate, it is difficult to view the discrepancy between 40,000 and 250,000 and still maintain confidence in the currently available estimates of the problem.

Estimates of Incidence of Neglect

Perhaps the one statement on neglect for which there is universal agreement is that it occurs with more frequency than abuse. As there is disagreement on the incidence of abuse, so is there disagreement on the incidence of neglect, both in the actual numbers that are reported and in the ratio of one to the other.

Ratio of neglect to abuse. Analyzing figures from those states that maintained a distinction between abuse and neglect (13 states in 1972 and only eight states in 1973), Cohen and Sussman (1975) cite a ratio of 6:1, neglect to abuse. This same ratio of 6:1 was also revealed in an examina-

TABLE 2
COMPARISON OF NATIONAL ESTIMATES
OF THE EXTENT OF ABUSE, 1962-1975

Measurement Criteria	Estimate of Incidence	Origin of Data	Reference
Abuse, not further specified	662 ✓	Newspaper accounts, 1962 data	DeFrancis, V. (1963)
Abuse, not further specified	302 ✓	71 hospitals, 1962 data	Kempe et al. (1962)
Abuse, not further specified	447 ✓	77 district attorneys, 1962 data	Kempe et al. (1962)
Abuse that resulted in some degree of injury	2,500,000-4,070,000 ✓	National survey, 1965 data	Gil (1970)
Abuse that resulted in some degree of injury	200,000-500,000 ✓	Reanalysis of Gil's 1965 data	Light (1973)
Serious injury by nonaccidental means	10,000-15,000 ✓	1966 data, no source given	Helfer and Pollack (1968)
Abuse that resulted in some degree of injury	6,617 ✓	Central registries, nationwide, 1968 data	Gil (1970)
Reported abuse	60,000	Additive estimate, based on cases reported in Denver and New York City, 1972 data	Kempe and Helfer (1972)
Reported abuse	41,104	Official reporting systems from 10 largest states, 1973 data	Cohen and Sussman (1975)
Reported abuse	167,000	Agency survey, 1972-1973 data	Nagi (1975)
Abuse, not reported	91,000 <hr/> 258,000 (total)	Difference between projections from rate of reports in Florida and rate from agency survey, 1972-1973 data	Nagi (1975)
Parent-to-child violence	1,400,000-1,900,000	Household survey, 1975 data	Gelles (1977)

tion of the first seven months in 1974 from the central register in New York City. The highest ratio estimated was 10:1 of neglect to abuse (Polansky, Borgman, & DeSaix, 1972). Polansky et al.'s (1975) analysis of figures from the first 18 months of Florida's new reporting system (through March 1973) revealed slightly more than a 3:1 ratio, while Nagi's (1975) figures cited above give a ratio somewhat less than 3:1. A 9:1 ratio of neglect to abuse is cited by Burt and Blair (Webb et al., 1975) using neglect and dependency peti-

tions filed for Nashville and Davidson County, Tennessee, while at the county's children's center the ratio for children entering in 1969 was four neglected for every one abused child.

In a study of 3,684 cases of neglected and dependent children reviewed in 12 courts throughout the United States, the following reasons for court involvement and the percentages of children in each category were given:

TABLE 3

REASONS FOR COURT INVOLVEMENT IN CASES OF
NEGLECTED AND DEPENDENT CHILDREN IN 12
COURTS IN THE UNITED STATES

Reasons For Court Involvement ^{a/}	Percent
Neglect	63
Physical (52%)	
Educational (1%)	
Medical (1%)	
Emotional (9%)	
Abandoned	21
Abuse	8
Physical (7%)	
Sexual (1%)	
No response	8
Total	100
^{a/} Reference: Cain (1977).	

The ratio of neglect to abuse here is 8:1 if abandonment is excluded and 10:1 if abandonment is included in neglect (Cain, 1977).

Numbers of neglected children. Estimates of the actual numbers of neglected children seem even more difficult to derive than those for abused children because so few reporting systems separate abuse from neglect. The category of abuse, which includes neglect, is generally recorded.

According to Nagi's (1975) calculation, 432,000 cases of neglect were estimated to have been reported in 1972-73 in the United States while another 234,000 cases of neglect occurred which were not brought to the attention of protective services. The State of Florida reported 21,635 cases of neglect in the first 18 months of its new reporting statute. Light (1973) estimated a national figure of 465,000 cases of neglect and other maltreatment incidents, excluding abuse.

TABLE 4

COMPARISON OF NATIONAL ESTIMATES
OF THE EXTENT OF NEGLECT, 1962-1975

Measurement Criteria	Estimate of Incidence	Origin of Data	Reference
Reported neglect	432,000	Agency survey, 1972-1973 data	Nagi (1975)
Neglect, not reported	234,000 <hr/> 666,000 (total)	Difference between projections from rate of reports in Florida and rate from agency survey, 1972-1973 data	Nagi (1975)
Neglect and other maltreatment incidents excluding abuse	465,000	Reanalysis of Gil's 1965 data	Light (1973)

Sources of Discrepancies in Estimates of Abuse and Neglect

The wide discrepancy in estimates of abuse and neglect may be attributed to a number of reasons, most of which stem from the types of data sources used for estimating incidence rates: (1) mandated reports, either to a central register or child protective agency, and (2) household surveys. Each has certain inherent characteristics which account in part for the problems encountered in assessing the true extent of abuse and neglect.

Reporting systems. One of the most obvious reasons for the wide discrepancy in estimates is that incidence data collected through mandatory reporting are inaccurate. In general, it is thought that rates based on a reporting system underestimate the true number of cases of abuse and neglect while at the same time failing to distinguish abuse from neglect and substantiated from unsubstantiated cases. Furthermore, it is known that such a system of data collection is affected by (1) accuracy of detection, (2) public and professional awareness, (3) degree of enforcement, (4) certain reporting biases, (5) lack of comparability in statutes, and (6) availability of resources. Each of these is reviewed briefly below.

Accuracy of detection. Certain children simply are not brought to the attention of authorities, either because they do not receive any medical attention, because their parents use a different hospital each time, or because they are not

diagnosed as abused when they are seen by a doctor. The private nature of abuse and neglect—the fact that it occurs within a family—mitigates against detection. Further, since most people admit that they might abuse (60% in Gil's, 1970, survey), the inference is that abuse and neglect go undetected because people prefer not to meddle in the affairs of others.

Public and professional awareness. The number of children reported each year is clearly affected by the extent of public and professional awareness. The State of Florida provides a good example of this. In 1971, Florida changed its reporting law to include neglect, instituted a 24-hour telephone reporting system, and began a campaign to inform the public. In the year preceding this new system, only a few reports of abuse were submitted; in the first year of the new reporting system, almost 30,000 calls were received. The publicity campaign was a major, though not the only, factor causing this increase.

Greater public and professional awareness of abuse and neglect is generally regarded as triggering increased reporting. Media publicity can have an impact on the awareness of the problem (Freiwirth & Giovannoni, 1977) as can special training programs, such as the multidisciplinary peer training program set up by Parents' and Children's Services in Massachusetts (Segal & Lutner, 1976). Closely related are changes in statutes which require or encourage reporting by an additional class of professionals and/or citizens.

Early versions of reporting laws required only medical personnel to report suspected abuse; and in some states reporting was not mandatory even for them. An added factor which minimized reporting was the reluctance of doctors to report suspected abuse. This was noted in a study in the greater metropolitan District of Columbia area, where one out of every 10 doctors questioned said there were occasions when they saw abuse and did not report it (Silver, Barton, & Dublin, 1967).

Many states now require reporting by other professionals and most statutes *permit* any individual to report (Education Commission of the States, 1977). As would be expected, the number of reports goes up when more professions are required by law to report. For example, in the year after the Illinois statute was amended to require reports from school personnel, social workers and social service administrators, registered nurses, child-care personnel, and law enforcement officers, the number of suspected cases reported increased 61% over the previous year. During the eight years when medical and health sources were the only required reporters, increases averaged only about 21% a year (Illinois State Department of Children and Family Services, 1974).

Clearly, professionals other than medical personnel have been aware of cases of abuse and neglect. In New York, since mandatory reporting by school teachers, policemen, and other non-medical personnel was instituted, reporting from these sources jumped from 3% in 1966 to 44% of all reported cases in 1972. The proportion of hospital-related and doctor-related reports dropped from 96% to 56% of the total cases reported during the same period (Sussman, 1974).

Degree of enforcement. Determining the incidence and prevalence of abuse and neglect also is affected by the extent to which mandatory reporting is enforced. A ruling of the California Supreme Court in the summer of 1976 found that failure to report abuse was grounds for a civil suit for damages. The court ruled that

the battered child syndrome was indeed an objective and "accepted medical diagnosis," with failure to recognize its presentation a medical negligence. It found further that medical literature so clearly described continued assault as characteristic of the syndrome that [the child's] second series of injuries might be proved "reasonably foreseeable" if she were sent home again (*Landeros v. Flood*, 1976).

While it is too early to have statistical evidence of the effect of this ruling, it can be reasonably

hypothesized that more cases of suspected abuse will be reported in California as a result.

Reporting bias. For various reasons certain types of reporting biases occur, the most serious of which is alleged to be a systematic socioeconomic bias. At least four explanations for this have been offered in the literature: (1) private doctors are reluctant to report (Helfer, 1975); (2) agencies are less likely to intervene in affluent families; (3) affluent families can maintain privacy and seclusion (Parke & Collmer, 1975).

In a reanalysis of Gil's (1970) data, Light (1973) identified both a racial bias, which may be associated with the socioeconomic bias, and a bias toward reporting the mother as perpetrator. In the latter instance, he noted that all reports of severe malnourishment, though both mother and father were at home, identified the mother as the perpetrator. The racial bias was indicated by comparing the proportion of whites reported in four northern urban industrialized states (27.3%) with the proportion reported in four southern states (72.9%). Light suggested that in the North, the majority of reports were from welfare and social agencies whose clientele was predominantly black and other nonwhite; while in the South, child-care agencies were probably not well integrated in 1967, and abuse cases involving minorities were handled "informally."

Comparability of statutes. State laws vary as to the definitions of abuse and neglect, age limits of the child, who must report, and reporting procedures. These variations not only confound comparability in reports across the nation, but also undermine attempts to study the incidence of child abuse and neglect.

Certainly if 17-year-olds are excluded from reporting in some states and included in others, the incidence rates from state to state will be incomparable.

The earlier discussion of definitional problems noted that amending statutes to specify more categories of abuse or neglect results in greater numbers of cases reported, while broadening the definition to include potential abuse (the "risk of") may create a large number of unsubstantiated cases. Similarly, an increase in the number of reports can be expected if statutes are amended to broaden the types of people required to report suspected abuse and neglect.

Finally, there is some evidence that the number of reported cases depends on the ease or difficulty of a state's reporting procedure. In Johnson's

(1974) study of southeastern states, the state which had most clearly presented its reporting procedures and legislative directives (this was also the state with the most flexible and inclusive definition) accounted for over half of the total reports in the southeast during the five-year period under study, 18 times as many as one of the other southeastern states, and 23 times as many as another.

Availability of resources. Findings from a study (Groeneveld & Giovannoni, 1977b) of the first 2400 cases gathered by the National Clearinghouse on Child Neglect and Abuse, which were reported from January to August of 1974, indicated that a community's resources may influence what is reported. In this study, the kind and extent of cases reported were examined in relation to county population size, percent of families below the poverty line, and the total county expenditure for welfare purposes. The results indicated that where there was a high level of need but not great resources, fewer cases were reported and those were the more serious cases.

Survey techniques. The validity of data from household surveys has also been questioned. One of the problems inherent in this method of data collection is in the sampling methods; another problem is the respondent's hesitancy to admit to behavior that is socially undesirable and illegal.

Gelles (1977) states in his study of violence that the lower than expected response rate may indicate that the most violent families refused to participate. Freiwirth and Giovannoni (1977)

found that respondents' answers were often based on opinions or actions that respondents felt to be socially acceptable. When respondents were ranked according to their formal education, it was found that respondents on the lower end of the educational scale were punishment-oriented, while those on the upper end of the scale were more treatment-oriented. Thus, less well-educated respondents could be expected to be less willing during a survey to admit to abusive behavior because these respondents viewed such behavior as criminal. This problem directly affects the validity of survey data and argues "against the use of survey research techniques in epidemiologic work, especially that directed toward estimating incidence of officially unidentified cases" (Freiwirth & Giovannoni, 1977, p. 70).

In summary, because of the wide discrepancy in estimates of child abuse, it is difficult to have confidence even in the most current incidence rates, which range from 40,000 to 167,000 abused children reported in 1973 to 1.5 million children vulnerable to physical injury in 1975. Estimates of the extent of neglect also vary widely although a 5:1 ratio of neglect to abuse seems likely.

Certain factors that affect reporting systems, such as accuracy of detection, public and professional awareness, degree of enforcement, reporting biases, lack of comparability in statutes, and extent of community resources, help explain the discrepancies in estimates as do the sampling problems surveys encounter. The national incidence study, supported by the National Center on Child Abuse and Neglect, should help the field of child abuse and neglect in providing reliable estimates of the extent of the problem.

PSYCHOSOCIAL ECOLOGY

In the years since the battered baby syndrome was first recognized, efforts have been made to identify the precursors of abusive or neglectful behavior in parents. Research has shown that abuse and neglect are associated with factors that are both intrinsic and extrinsic to the family, parent, and child. The study of contributing and mitigating forces found in the social environment and personality characteristics of the family members and in the interaction among these individuals and between them and their social environment is termed psychosocial ecology. This approach, a relatively new one, examines interdependent forces which can contribute to abuse and neglect or can reduce the potential for such behavior, such as intrapersonal forces, life situation forces, and cultural forces.

The section which follows will review recent studies of particular relevance to the psychosocial ecology of child abuse and neglect. No attempt will be made to review the extensive body of research and literature in other fields which seeks to explain human behavior, though it is recognized there is much to be gained from knowledge acquired in related disciplines. It is anticipated that future research in the field of child abuse and neglect will focus more on the integration of this related knowledge with what is known about child abuse and neglect.

Child abuse and neglect are diverse phenomena, not unitary phenomena. Therefore, it seems unlikely that any one force will explain all abusive or neglectful behavior even in one individual. Rather, many valid causal theories may exist which owe their differences to the differences in the populations under study. For example, there is some evidence to suggest that abuse is more likely to occur in homes where there is no father present. At the same time, unemployment among fathers is reported as being related to abuse. These findings should not be read as contradictory but as evidence of the complexity of the phenomena under study.

Furthermore, the fact that child abuse and neglect occur infrequently among the population as a whole increases the difficulty of describing its cause. There is some evidence that the likelihood of abuse is greater among disabled fathers and the mentally retarded. However, since the rate of abuse is small and since disability and mental retardation are relatively rare, this relationship explains only a small part of the problem.

Intrapersonal Forces

The intrapersonal forces which may contribute to abuse or neglect or which may reduce the potential for this behavior include one's mental health, physical health, intelligence, and past life experiences.

Mental health. Early research in the field of child abuse and neglect sought explanations of this behavior in the personality characteristics of the abusing individual. This psychoanalytic/psychological approach was a major organizing model for early research efforts and is still favored by some researchers. Early efforts that classified abusive parents as psychotic or neurotic have not been substantiated, however, and subsequent estimates indicate that only a small number of abusing parents can be classified as mentally ill (Parke & Collmer, 1975). Kempe (1973) estimates less than 10% of abusive adults are mentally ill.

The focus of the more recent research efforts has been on discovering distinctive personality characteristics by clinical interviews or more often by standardized test instruments. With the exception of a predictive questionnaire (Schneider, Hoffmeister, & Helfer, 1976) which includes some personality factors as predictive measures, this effort has met with little success. An extensive analysis of the literature on this subject by Spinetta and Rigler (1972) concluded that "while the authors generally agree that there is a defect in the abusing parent's personality that allows aggressive impulses to be expressed too freely, disagreement comes in describing the source of the aggressive impulses" (p. 299). Another review by Gelles (1973) reported virtually no agreement among authors on personality traits of abusive individuals. Of 19 traits identified, there was agreement by two or more authors on only four traits. Further efforts to identify clusters of personality traits have not been empirically validated and are therefore of limited use (Parke & Collmer, 1975).

Methodological problems, such as small and highly select samples, lack of appropriate comparison groups, and the difficulty of defining the "psychotic" or "mentally ill" individual have hindered the development of the psychiatric causal theory. In addition, some authors have criticized as tautological those studies which seek the explanation of abuse in the perpetrator's mental health. Parke and Collmer (1975) suggest that des-

criptive characterization should be the foundation for understanding this behavior and not an explanation.

Physical health. Several authors have suggested that physical disability is associated with abuse. Bryant et al. (cited in National Institute of Mental Health, 1977) listed the disabled father as one of four abuser typologies. The other three focused on personality problems. They suggest that in those instances there was greater tension because the disabled father could not support his family and because he was at home most of the time. At least four studies have reported a high percentage of major physical illness among abusers. Some of these illnesses were of a chronic nature, and others occurred within the year preceding the abusive incident (see National Institute of Mental Health, 1977).

Intelligence. Some researchers report a wide range of IQ levels among their study samples, while others report low IQ as characteristic of the abusive population. The preponderance of the evidence suggests that there is a higher number of abusers with low IQs than would be expected (National Institute of Mental Health, 1977) though these data are difficult to interpret because of the lack of agreement on what constitutes a low IQ.

Mental retardation among abusers has been reported by very few studies (National Institute of Mental Health, 1977). Two of the three studies reviewed for this analysis did not report mental retardation as a separate category but included it with emotional disturbance or family disruption/dysfunction. The one study that reported mental retardation alone found 9% of abusers to be mentally retarded; the other two studies reported 78% emotionally disturbed/mentally retarded and 40% emotionally disturbed or subject to family dysfunction including mental retardation.

Past Life Experiences. Reports of past life experiences as contributors to abusive or neglectful behavior are somewhat consistent. Though only two studies report empirical validation for the assumption that most abusing or neglectful parents were abused or neglected as children (see p. 29 of this paper for a fuller discussion), there is agreement among most studies that abusive or neglectful parents lacked "basic mothering" as children (Parke & Colmer, 1975). Some studies indicate that trauma in childhood, such as the loss of a significant parental figure or a high degree of disruption, may lead to a breakdown in mothering. It is suggested that this lack of mothering results in the loss of an effective role

model and the abuser simply recreates the patterns of behavior he or she has learned in early childhood. This contention is reinforced by primate studies.

While the evidence on this is not totally consistent, the inconsistencies may result from the differences in the populations under study. For example, findings from one study were that high levels of maternal stress, measured by family mobility, broken homes, and a history of violence or neglect, differentiated children admitted to a hospital for failure to thrive or for abuse from children admitted because of an accident (Newberger et al., 1975). Using a different population, which included no failure-to-thrive children and no abused children, Giovannoni and Billingsley (1970) found that social and familial background factors did not differentiate neglectful mothers from adequate mothers in their study of low income parents in San Francisco.

Life Situation Forces

Life situation forces which affect the dynamics of family life include socioeconomic status, job satisfaction, marital situation, degree of isolation, family structure, parent-child interaction, and characteristics of the child.

Socioeconomic status. A second major explanatory theory for child abuse and neglect has sought the cause of this behavior in environmental stress such as that generally associated with lower socioeconomic groups. This theory assumes that these groups are overrepresented in incidence rates not only because of reporting bias, discussed earlier, but also because they live with more stressful experiences that are likely to become precipitating factors. Gil's survey of reported cases of abuse in 1967 and 1968 found that over 48% of abusers had an annual income under \$5,000 when only 25% were at this income level in the United States population as a whole. He also found that abusive adults tend to be poorly educated, a factor associated with income (Gil, 1970). His results are supported by a comprehensive study of abusive families in seven southeastern states which found that the educational level of male and female parents was low and that their occupational status reflected this (Johnson, 1973). However, several facts suggest that the demographic data available to date do not present an accurate profile of the abuser. There are a number of reasons why lower income families may be overrepresented in incidence data: lower income families are more likely to use those facilities which are the source for most of the reports (hospitals, police, public social agencies) while middle income families can afford private

physicians who are less likely to account for any substantial percentage of reports; middle income families are more likely to live in private detached homes where abuse is less easily detected; community agencies may be less willing to interfere in a middle class family situation; and it may be that the better educated can hide abusive behavior (Parke & Collmer, 1975).

Thus, while it is difficult to assert that abuse is class related on the basis of the demographic data available and the problems of reporting bias, there is some evidence that suggests that certain sources of stress which may elicit abuse may be class related.

While there is little evidence that directly links housing and abuse, two studies of the relationship between housing and aggression suggest that a decrease in living space may increase the frequency with which males use physical force to punish their children (see Parke & Collmer, 1975). In addition, there is evidence that housing may interact with other factors which as a group are associated with abuse.

A number of studies have suggested that unemployment may contribute to abuse. Gil (1970) reported that 12% of the fathers in his study were unemployed at the time of the abusive incident. Other studies have reported even higher rates of unemployment (National Institute of Mental Health, 1977; Parke & Collmer, 1975).

It is interesting to note that unemployment seems to be associated with other forms of intrafamilial violence. During a 6-month period in England when unemployment increased rapidly so did wife-beating (Steinmetz & Straus, 1974, cited in Parke & Collmer, 1975).

It is probably not unemployment per se that elicits the abusive behavior but the attendant stresses, such as the father being present in the home more of the time, particularly when he is experiencing a loss of status because of his unemployment, and when the family is experiencing the difficulties of caring for children when their resources are insufficient. It was noted in a study by Giovannoni and Billingsley (1970) that neglecting families experienced a higher incidence of extreme poverty even within a group of families all of whom are considered poor.

Job satisfaction. Another factor that may be related to abuse is job satisfaction. Gil (1974, cited in Parke & Collmer, 1975) suggests that many forms of familial violence may be attributable to job dissatisfaction. This contention is supported by a study of job satisfaction and harsh punishment (McKinley, 1964, cited in Parke & Collmer,

1975) where it was found that "the lower the job satisfaction, the higher the percentage of fathers who employed harsh punishment with their children—a relationship that held across social class levels" (Parke & Collmer, 1975, p. 24).

Marital situation. Two factors of marital situations may be related to abuse. One is the presence or absence of a father figure in the home; the other is the extent of tension and discord within the marriage. However, marital stress and repeated separations, as well as divorce, are common throughout our society and without normative data it is difficult to determine the relative incidence of fatherless homes or the extent of marital discord among the abusing and neglectful population.

At least three studies have reported that a disproportionately greater number of abusing or neglectful families have no father figures in the home (National Institute of Mental Health, 1977). However, it seems likely that this factor is confounded by ethnicity. Gil (1970) reported 20% of all abusing families had no father figure in the house. When ethnicity was introduced, the percentages ranged from more than 40% among Puerto Rican families, 37% among black families, to less than 20% among white families. Contradicting these reports is a recent study from Children's Hospital Medical Center in Boston (1974, cited in National Institute of Mental Health, 1977) which found no fatherless homes in their sample of 303 families.

Several studies report marital conflict and repeated separations among abusing parents. Johnson and Morse (1968), for example, report marital conflict for 70% of their sample. There is also a suggestion that abuse may occur among spouses in these families as well as between parent and child. Some authors suggest that one spouse's compliance or passivity are factors that contribute to the potential for child abuse (National Institute of Mental Health, 1977). However, as noted earlier, all of these data are difficult to interpret without normative data for comparison.

Degree of isolation. Studies of abusing and neglectful families have consistently reported that these families are isolated from their extended family (in part because of geographic mobility) and from the community and its services. Giovannoni and Billingsley (1970) note an impoverishment of relationships with extended kin distinguished neglectful families from adequate families. Other studies report isolation from the community as being characteristic, as evidenced by the lack of association with church or any other organized group. Two studies found statistically significant differences between abusing families and a control

group in the length of time each had been at the same address or the number of moves the family had made in the preceding year (National Institute of Mental Health, 1977). One of the most striking indications of isolation comes from a large study of abusive families (Lenoski, 1974, cited in Parke & Collmer, 1975) in which it was reported that 89% of the abusive parents who had telephones had unlisted numbers as compared with 12% of the nonabusing population.

Young (1964, cited in Parke and Collmer, 1975) reports that abusing parents are more likely than neglectful parents to prevent their children from participating in usual after-school activities. Not only does the child then spend more time in contact with the parents, increasing the opportunity for abuse to occur, but in failing to develop normal peer relationships, he may be less able to develop normal adult relationships as a parent later. Many social skills which are learned through peer interactions may thus be undeveloped, and the likelihood that the child will continue this pattern of isolation as an adult is increased (Parke & Collmer, 1975).

Family structure. Birth order and family size are two factors that are mentioned in the literature as being related to abuse and neglect. There is no clear evidence indicating that birth order is associated with abuse, but all available data suggest that abusive families have more children than the average family. Light's (1973) analysis of these figures for the United States, New Zealand, and England reveals that abusive families are larger than the average family size in all three countries. His analysis is supported by numerous other studies (National Institute of Mental Health, 1977; Parke & Collmer, 1975). However, it should be noted that this variable may be confounded by socioeconomic status as low income families tend to have more children than the national average (National Institute of Mental Health, 1977).

Before going on to a discussion of the characteristics of the child which may contribute to abuse, two studies which have considered multiple factor models of abuse should be noted. Both studies examined the relationship of a combination of socioeconomic and demographic variables, or life situation forces, to abuse and neglect.

In the first study, which used Gil's national incidence study data for the profile of abusers and matched these social and demographic data with data from the United States Census Bureau for description of nonabusers, several hundred sets of relationships among variables were examined. The following paired variables discriminated between abusing and nonabusing families: abusing families with an unemployed father were more

likely to live in an apartment than a house; were less likely to share their living quarters; and tended to have more children. Abusing families with a less educated father tended to have more children and were less likely to share living quarters. Abusing families with a less educated mother tended to have more children. Abusing families where the father was not fully employed over the previous 12 months were more likely to live in an apartment than a house. In abusing families in which the father was unemployed, the abuse was more likely directed against younger children; if he was employed, the abuse was more likely directed against older children. In general, although very few relationships discriminated between abusing and nonabusing families, the most common variable related to abuse was the father's unemployment. With the exception of job satisfaction and the marital situation, each of the other life situation forces—housing, family size, and social isolation—interacted with the employment variable in distinguishing abusing families from nonabusing families (Light, 1973).

The second study tested the assumption that environmental stress is related to child abuse by examining variations in rates of child abuse as a function of a number of socioeconomic and demographic variables across 58 counties in New York (Garbarino, 1976). It was hypothesized that a socioeconomic profile of the county, including transience, economic development, educational development, and socioeconomic situation of mothers, was directly associated with the rate of child abuse/maltreatment. The study noted the limitation that the incidence data on abuse were derived from public agency sources which overrepresent lower socioeconomic classes; nevertheless the study concluded that a substantial proportion of the variation in rates of child abuse/maltreatment in these counties was associated with these variables.

It seems likely that further studies which consider multiple factors as explanation of abusive and neglectful behavior will produce more promising results.

Characteristics of the child. Only recent research in the field of child abuse and neglect has considered the child's role in the parent-child interaction of abuse or neglect and has focused on several different ways in which the child may contribute to abuse. Medical problems or physical disabilities may make the child more difficult to care for, or may elicit feelings of guilt or cause shame because the child does not develop normally. Behavioral characteristics of the child, such as crying or irritability in an infant, overactivity in an older child, or a child's hostile response to

discipline may increase the potential for abuse. Johnson and Morse (1968) report that 70% of the injured children in their study had shown physical or developmental deviation. Perhaps because of the methodological problem of determining whether behavioral characteristics are the cause or the effect of the abuse or neglect, research in this area is neither abundant nor conclusive.

Substantially greater effort has gone into research on the relationship of poor mother-to-child interaction and abuse. The high incidence of low birth-weight babies among abused populations has been well documented (National Institute of Mental Health, 1977; Parke & Collmer, 1975). Two factors seem to be at work here. One is that taking care of these infants is more difficult. They are usually not as attractive as full-term babies and they are much more demanding of their parents. Low birth-weight infants are difficult to feed and tend to be more irritable; they often have attendant medical problems and do not develop as fast as normal full-term babies, thus continuing their parents' disappointment for years (Parke & Collmer, 1975).

The second factor which may play a role is the immediate and prolonged parent-infant separation which is thought to disrupt the mother-infant bonding process. In part, it was the high incidence of abuse among the premature baby population and the Caesarean baby population, as well as animal studies and examination of human maternal behavior in other cultures, which suggested to researchers that what happens in the period immediately following delivery may be critical to later maternal behavior. It is recognized that a mother's care of her baby derives from many factors: her endowment or genetics, the way her baby responds to her, interpersonal relations within her own family, past experiences with this or previous pregnancies, and the values and practices of her culture. Research now clearly indicates that the events of early postpartum days and the bonding process that occurs then are also significant factors (Klaus & Kennell, 1970).

Preliminary findings from a long-term study to evaluate the effects of early mother-infant separation show that the attachment behavior of mothers allowed early contact with premature infants was greater than that of mothers who had late contact. Measures of attachment behavior were looking and smiling at the infant, holding the infant close, and caressing the infant. Early contact mothers were more skillful in feeding their babies, held their babies more, and burped them more than mothers who were not allowed contact until later in the infant's life. Other evidence that close continual contact between mothers and infants during the first days of life facilitates mothering behavior came from observations at

Duke University Hospital when rooming-in was made compulsory. The incidence of breast feeding rose from 35% to 58.5%, and phone calls from anxious mothers during the first weeks decreased by 90% (Klaus & Kennell, 1970).

Thus, there is strong evidence that early mother-infant involvement significantly influences the mother's attitudes, skills, and social interactions with her infant and may contribute to or militate against later abusive or neglectful behavior.

Family interaction. Clinical observations have suggested that abuse and neglect indicate a malfunction in parent-child interaction. A recent study of family interaction among abusive, neglectful, and normal families (Burgess & Conger, 1977) supports this suggestion with empirical data. Findings from this study indicate that there are lower rates of interaction overall among abusive and neglectful families and that those interactions which do occur are much more likely to be negative than positive ones. Distinctive differences in styles of physical and verbal interaction were noted, particularly among the mothers. For example, abusive mothers directed few verbal contacts to other family members and responded to family members in a positive way substantially less often than mothers in the control group.

Cultural Forces

Certain cultural forces may also contribute to abuse or may militate against abusive behavior. Cultural attitudes toward children and toward violence and corporal punishment are cited in the literature as contributors to abuse. It is likely that changing family roles, economic and social competition, mobility, and religion may also influence whether one abuses, but systematic examination of the relationship of these factors to child abuse and neglect has not been reported.

Attitudes toward children. Abuse has been explained by some authors as a case of the parents expecting too much of the child. For example, one study reported that a majority of abusive mothers thought babies should know right from wrong by one year (Elmer, 1967 cited in National Institute of Mental Health, 1977). These unrealistic expectations may be attributed either to parents' lack of knowledge about child development or an emotional deficit causing parents to look to their children for comfort and reassurance. Clearly emotional problems are best met by therapeutic methods, but a more complex intervention is called for if the problem is ignorance of child development. Knowledge of child development is gained through education as well as through

cultural forces which interact with the extended family. In cultures where many generations of families live together, for example, expectations (and discipline) of children are well established, whereas in a more mobile society it may be that some parents have no substitute for this extended family.

Attitudes toward violence and corporal punishment. There is a cultural attitude in America which condones the use of physical force for discipline and/or punishment of children. Therefore, it is not surprising to find from studies of violence that the use of physical force in child rearing is not a rare occurrence.

In the national study of incidence by Gil (1970) in 1965, 60% of the adults in the survey thought "almost anybody could injure a child in his care." In the recent study of parent to child violence by Gelles (1977), an estimate of children-at-risk was derived from an index which combined the items kicked, bit or hit with a fist, hit with something, beat up, threatened with a knife or gun, used a knife or gun. Using this index and assuming these acts have a high potential of causing harm to the child, between 1.4 and 1.9 million children were vulnerable to physical injury from violence in 1975.

Cross-cultural studies suggest the attitude of condoning corporal punishment of children is related to abuse. These studies report that where there is no sanctioning of force in child rearing, there is little aggression among children and few, if any, incidents of child abuse (Parke & Collmer, 1975). These data may indicate a relationship between abuse and physical punishment in child rearing.

Social institutional forces, which are part of a parent's environment, may also contribute to abuse and neglect or reduce the potential for such behavior. These are embodied in such organizations as child protection agencies; problem-oriented agencies which may offer mental health services, self-help groups, foster care services, job counseling, public assistance and employment benefits; and community institutions, such as schools, day care facilities, police and fire departments, the family, recreation agencies, churches, and businesses. This review has not included a discussion of these forces because of the lack of research data describing how these forces relate to the psychosocial ecology of child

abuse and neglect. A review of the research on abuse and neglect in institutional settings is also not included because the issues and problems of institutional abuse and neglect are quite different from those in the family setting.

Many authors have argued for the creation of self-help groups, job counseling, day care centers, and other types of social and institutional systems or for better coordination of existing systems, under the assumption that the lack of these support systems contributes to abuse. Garbarino's (1976) study of the ecological correlates of child abuse and maltreatment suggests that one way to reduce the problem of child abuse maltreatment is to increase support systems for mothers. He suggests that further research is needed to clarify "the dynamic processes linking gross institutional factors (such as the economic and educational systems) to the child via the immediate parenting setting" (p. 185). The literature on child abuse and neglect provides ample notions of how these systems should work (see, e.g., National Institute of Mental Health, 1977) but offers little empirical validation of the relationship between these systems and child abuse and neglect.

Research on the psychosocial ecology of child abuse and neglect has indicated some of the factors that may contribute to abuse and neglect or may reduce the potential for abuse and neglect. These include intrapersonal forces, such as mental health, physical health, intelligence, and past life experiences; life situation forces, such as socio-economic status, job satisfaction, marital situation, degree of isolation, family structure, characteristics of the child, and family interaction patterns; and cultural forces, such as attitudes toward children and toward violence and corporal punishment. Some research efforts have considered a multiple factor analysis of the causes of abuse and neglect. Through these studies a few tentative steps have been taken to describe the interdependent nature of these various forces as they affect the potential for abuse and neglect. The major gap is the lack of research on the relation of social institutional forces to child abuse and neglect. This gap not only affects the study of the psychosocial ecology of child abuse and neglect but also that of the prevention and treatment of abuse and neglect since it is through these agencies and institutions that prevention and treatment programs affect the individual or society.

PREVENTION AND TREATMENT

The preceding section of this report has identified certain sets of factors within forces that may influence abusive or neglectful behavior. This section will consider prevention, intervention, and treatment efforts based on these factors. As the causes of abuse and neglect are many and complex, so are the ways of preventing or treating these behaviors. Theoretically, for every cause there exists an effective means of alleviating the situation that caused the deviance; thus, the proposed theories of prevention and treatment are the logical outcome of the identification of these causative factors.

In the consideration of prevention and intervention programs in this section, an attempt will be made to present the causal theory from which the program derived its orientation, to discuss the feasibility of the theory, and, if it has been put into practice, to discuss any demonstrated success. The examination of treatment will also present the theoretical basis of existing treatment models with specific reference to those programs that have published evaluation results.

Primary Prevention

Prevention and treatment programs can be categorized as primary prevention, secondary prevention or intervention, and treatment. Since these categories represent a continuum of prevention and treatment efforts, and since some programs may well incorporate elements of each of these categories, it is often difficult to assign programs to one or the other of these categories. For purposes of this discussion, primary prevention will be defined as preventing abuse before it occurs and will include those efforts that are targeted to the population in general.

The discussion of primary prevention will focus on the education for parenthood program, on community hotlines, and family support services. Proposals that seem utopian in scale, such as the elimination of poverty or the complete restructuring of societal values, will not be discussed though it is recognized these might well be the means to complete primary prevention.

Education for parenthood. "Education for parenthood" programs are perhaps the most clearly conceptualized preventive programs that have been put into practice. Funded by the Department

of Health, Education, and Welfare, they reach an estimated 121,000 adolescents, 81,000 preschool age youngsters, and 40,000 college students (Memo from the Education Commission of the States to the National Center on Child Abuse and Neglect, June 1977). They derive their theoretical base from those data which suggest that child abuse occurs because parents lack specific knowledge of child development or lack parenting skills needed to cope with child-rearing. If parents lack specific knowledge of what children do at various stages of their development, parents can have unrealistic expectations of their children and cope with them on a day-to-day basis instead of developing consistently appropriate interaction skills (Education Commission of the States, 1976).

Education for parenthood uses four approaches: 1) to teach potential parents to take control over their children's lives; 2) to teach potential parents to be more effective teachers, supporting their children's cognitive and social development; 3) to promote a positive spirit of involvement so potential parents become supporting resources for the child's work in schools or other institutions; and 4) to teach potential parents what promotes children's growth and development (Education Commission of the States, 1976).

It seems likely the same type of parent education program could address another of the potential causes of abuse—physical force in child rearing. Some authors suggest we need a revamping of society's values to accomplish this. Edward Zigler, in his testimony before the Senate Subcommittee on Child and Human Development (April 6, 1977), stated, "we will need a willingness to examine our society's value system and a commitment to reduce the acceptability of man's violence to man, of which child abuse is but one manifestation" (p. 8). However, a program of education for parenthood, which teaches non-violent techniques of child rearing and gives prospective parents strategies for controlling their children other than by physical force, might also prevent abuse.

Public awareness campaigns. The extensive public awareness campaign mounted by public and private organizations may be an indirect means of preventing abuse. Its primary purpose is to protect children by providing a well publicized means for families in trouble who are seeking help or for others who know of such families to bring them to

the attention of authorities through 24-hour hot-line services. Public awareness campaigns also may function to prevent abuse. Through the experience in Florida, it is known that these campaigns can fulfill their primary function and from the study by Freiwirth and Giovannoni (1977) on community attitudes and opinions, there is evidence that the general public has become more aware of the problem of abuse and neglect. What is not known is whether this awareness combined with access to professional help through reporting hotlines may act as a preventive force.

Family support services. Certain family support services, if available to all parents, might be considered primary prevention strategies. Day care, crisis nurseries, and homemaker services which alleviate the stress of caring for a large family or the stress of marital discord, factors associated with abuse and neglect as noted in the preceding section, are examples of these services. As Gil (1970) has suggested, a mother should not be expected to care for her children around the clock every day of the year. At the same time these services relieve the parents, they give children an opportunity to learn different patterns of interaction with peers and other adults. If the child as well as the parent plays a role in abuse, changing the child's behavior may be as effective a prevention strategy as any directed at parents (Parke & Collmer, 1975).

Other family support services such as welfare, job training, and employment programs may also be considered primary prevention strategies as they may alleviate situations known to be associated with abuse and neglect.

Secondary Prevention

Secondary prevention includes those efforts directed at high risk populations thought likely to abuse or neglect unless given help. At least three types of intervention strategies can be logically proposed on the basis of the data available on the causes of child abuse and neglect. The first strategy involves screening to detect those children already abused or neglected by means of a national health visitor; the second involves screening to detect parents with potential problems in child rearing, one of which may be abuse or neglect; and the third is to reach parents thought to be high risk because of their socioeconomic profile or because of some other factors, such as physical disability, which is alleged to be associated with child abuse. A fourth type of intervention directed to nonabusing high risk parents who refer themselves through contact with a hot line service or a treatment program such as Parents Anonymous might also be considered secondary prevention.

Screening for abused and neglected children. Helfer (1976a) has proposed the concept of a national health screening policy which would use health visitors to examine every child under the age of six in an effort to detect a number of problems, one of which would be signs of abuse or neglect. EPSDT (Early and Periodic Screening, Diagnosis and Treatment), a health care program intended for needy children who are eligible for medical assistance (Medicaid) has initiated this type of screening for medical problems. For this concept to work in cases of child abuse or neglect, however, it is necessary to have a high degree of accuracy in correctly identifying the abused and the nonabused. Two types of errors are likely: the false negative, which overlooks the abused children, and the false positive, which misidentifies the nonabused child as an abused child.

By statistical analysis of current incidence data, Light (1973) has evaluated Helfer's proposal of using health visitors to screen for abuse. Assuming the rate of abuse in the general population is 0.01, even when abuse is correctly detected 90% of the time and nonabuse 95% of the time, many errors are likely. This occurs because the incidence rate of abuse is so small (1 out of 100) that even a small error rate on the other 99 out of 100 leads to many false positives. Newberger (undated), in his preliminary efforts to define a more etiological as opposed to manifestational classification scheme, also urges caution because of the likelihood of many false positives. He also states that the value of prediction screening for child abuse is questionable given the known bias for diagnosing minority and poor children as abused and neglected. Without excellent training of personnel doing the screening and possibly a multiple stage checking procedure to insure greater success, this program cannot be considered feasible at this time.

Screening for special service needs. This approach considers secondary prevention of child abuse and neglect to be analogous to that of a serious disease. Using this analogy, the general population would be screened for early identification and modification of unusual child rearing practices. Unlike Helfer's proposal, these programs have not attempted to identify actual abusers or abused children, but rather screen a larger target population of parents with potential child rearing problems, only one of which might be the potential for abusive or neglectful behavior. The issue of false identification and the validity of any predictive measures is still a concern but apparently has been addressed with some success in two current studies.

In the first, a questionnaire was designed with the intent of identifying women with potentially unusual child rearing practices. The issue of the

questionnaire's validity was examined by administering it to 500 mothers in Colorado and Michigan, some of whom were known abusers, some of whom were considered to have a high potential for abuse based on their past history and observations, some of whom were considered model mothers, and some of whom were considered to have little likelihood of potential abuse. Reliability of the instrument was measured by administering it to a group of expectant mothers on two different occasions. The responses from these tests revealed a large and significant difference between high- and low-risk parents. In addition, 9 out of 10 of the mothers who were independently assessed as doing well with their children were identified as low-risk; the high-risk group was identified correctly more than 8 out of 10 times; and all known abusers were identified. The factors that differentiated the high-risk and the low-risk groups were clustered around problems with parents, self-esteem, isolation, expectations of children, and reactions to crisis. The single best predictive cluster centered on the problem of self-esteem and the single item which distinguished the known abuser from the high-risk nonabuser was the use of severe punishment by the abuser's parents (Schneider, 1974).

The second effort toward screening for potential child rearing problems has been through observation and interviews with pregnant women, concentrated on the period just prior to delivery, during delivery, and just after delivery. In a well controlled study consisting of interviews, a questionnaire, and observations at delivery and during the postpartum period, it was found that mothers who were high-risk for abnormal parenting practices could be successfully identified (Gray, Cutler, Dean & Kempe, 1976). The most accurate predictors were behaviors observed during labor, delivery, and in the nursery, such as the mother's behavior toward the child and the father, both verbal and nonverbal, and the number of times the mother asked for the baby.

The screening process is just the first difficult step in secondary prevention. Even if it is possible to identify successfully a high risk group of parents, the next step, intervention, is by no means easy. Ethical and legal problems involving the rights of parents to privacy, versus the rights of children and the states' right to intervene if parents object, are not easily solved. There is an additional concern about labeling these parents "potential abusers" and the possibility that this can become a self-fulfilling prophecy.

The study by Gray et al. (1976), noted above, reported some success with intervention efforts. A sample of 100 mothers identified as high-risk was randomly divided into an intervention group, which received comprehensive pediatric follow-up in the home by either a physician, health visitor,

or nurse, and a nonintervention group which received routine care. Another group of 50 mothers who had been identified as low-risk and who delivered at the same time were used as a control group. The pediatric follow-up seemed to prevent serious injury to the children. While more cases of suspected abuse were identified in the high-risk, intervention group, none of the cases involved serious injury. Five of the infants in the high-risk nonintervention group of mothers required hospitalization for treatment of serious injuries as a consequence of abnormal parenting practices (Gray et al., 1976).

Another aspect of intervention programs directed to low birth-weight infants which has been suggested is allowing the mother greater contact with her infant during the period immediately after birth and using mother-infant helpers to work specifically to aid the bonding process (Helfer, 1976a).

Identifying the profile of the abuser. The third approach to secondary prevention seeks to develop a generalized profile of the abuser from the data on the etiology of abuse and neglect and to direct intervention efforts to those individuals characterized by this profile.

Two types of profiles can be identified from these data. The first is based on psychosocial data, discussed in the previous section on psychosocial ecology. Abuse seems to occur with greater frequency among the physically disabled, among parents with low IQ, and among the mentally retarded. Just as mothers of low birth-weight babies have been targeted for special prevention efforts, in the same way outreach efforts to other groups, recognized as being at risk, might be indicated. However, the ethical considerations noted above as well as the lack of research which undisputedly identifies those groups have worked against prevention efforts based on this type of profile.

The second type of profile uses socioeconomic data. While the reliability of any profile based on current incidence data would be seriously questioned, the multiple factor analyses by Light (1973) and Garbarino (1976) might offer some promise for isolating high-risk families to whom preventive services might be directed. Light's analysis described abusing families as characterized by unemployment, large size, and social isolation. Garbarino included transience, economic development, educational development, and socioeconomic situation of mothers as indices of economic and demographic characteristics of the counties under study and found that these characteristics accounted for 36% of the variance in

rates of child abuse/maltreatment with another 16% of the variance accounted for by economic conditions generally affecting the family.

While these two studies approached the problem from different levels, with Light examining characteristics of the individual family and Garbarino characteristics of the county, they suggest that prevention programs based on the socio-economic profile of the abuser are challenging topics for further research.

Treatment

Treatment includes those services targeted toward the known abuser or neglecter in an effort to ameliorate whatever was the cause of this behavior and to prevent its recurrence.

Of the substantive areas being considered in this paper, none has produced a larger body of information than treatment. Public attention has been focused on the problem of child abuse and neglect by dramatic news accounts, and an increase in federal monies, particularly from the National Center on Child Abuse and Neglect, has given rise to numerous strategies for treating both abusers and the abused.

Initial efforts which sought punishment for the perpetrator gave way to treatment by means of traditional clinical treatment methods and social work practices. The child was considered a victim and received protective services (possibly was removed), medical care, and little else. Treatment success was measured in terms of recidivism rates.

Later programs recognized abuse and neglect as patterns of interaction involving both parent and child. These programs focused on the family unit. At the same time it was generally accepted that no one single treatment method was sufficient and that most abusive situations demanded a range of services, both to relieve the immediate crisis and to provide long-range help.

Evaluation of treatment approaches. At present numerous treatment models and strategies are being used throughout the country. Unfortunately, while there is a wealth of information describing the various treatment approaches, there is little research on the *effectiveness* of any one treatment model versus another currently available. A recent symposium reviewing treatment interventions concluded that:

there has been no step-by-step description of a treatment program combined with an analysis of what actually takes place within the client as

he or she goes through the treatment process, such as can be found in the psychoanalytic literature. To date, both the research literature and the ongoing research have yielded little in the way of definitive research findings as to appropriateness or efficacy of a particular treatment for a particular type of abusive or neglectful parent (Klaus, 1977, p. 14).

The following discussion will present research findings which are currently available on a selective number of treatment approaches: therapeutic intervention, the extended family center, foster care, family advocacy, and behavior modification. Certain approaches are not included, such as therapeutic intervention directed to children, or supportive services for parents such as day care, homemaker services, or residential treatment for children and parents. Nor does the discussion assess the impact of using lay treatment versus professionals or the effectiveness of self help groups such as Parents Anonymous. However, several current research projects whose final evaluation results will be available for future analyses are expected to fill this gap and allow a more in-depth examination of the efficacy of all treatment methods.

Therapeutic intervention. One approach to treating abusive or neglectful parents is to offer therapeutic intervention. In two such programs, one at Mt. Sinai Hospital in Maryland and the other at the Developmental Evaluation Center of the Denver Department of Health and Hospitals, the focus has been on the integration of various services and provisions of treatment for the entire family. In the Mt. Sinai Hospital program, the hospital provided intensive therapeutic care in coordination with the Maryland Department of Social Services which had the responsibility to investigate and assess the needs of the family. A multidisciplinary team was organized which included a pediatrician for medical evaluation of the child; a social worker for administrative coordination, family therapy for the parents, and supervision of a community aide; a nurse for liaison work in coordinating past medical and social agency data; a psychiatrist for consultation with the social worker and other staff and interviewing parents; and a community aide who met with the families in their homes and served as a behavioral model (Chabon, Barnes, & Hertzberg, 1973).

The effectiveness of the Mt. Sinai Hospital program was reported in terms of measurement of recidivism rates. While no further instance of physical abuse in any active case was reported, the evaluation of this program was limited by lack of a control group and by the fact that no figures were given on what proportion the active cases represented of the 30 families served.

In the Denver program, a more extensive evaluation was completed in which program impact was measured in terms of the children's performance on sequential development tests, the parents' perception of their children, the children's behavioral patterns, and the traditional measurement of recidivism (Fitch et al., undated).

In this program, medical and coordination services were provided to the study cohort and to a control group of families. The study cohort also received direct therapeutic intervention from the clinician assigned to the family at the time of initial enrollment. This consisted of: direct counseling, including marital, family planning, and financial counseling; anticipatory guidance for dealing with problems and problem-solving techniques; assertiveness training; educational counseling in child care techniques; specific home stimulation programs for developmental and behavioral problems; home visits, available on a 24-hour-a-day basis; and for some mothers, participation in a socialization group.

After one year, comparisons revealed few differences between the study group and the control group on developmental performance, though abuse had occurred less in the study group than it had in the control group. The investigators speculate in this instance that the environment exerts such a powerful influence on a child's development that unless a treatment program can alter the environment, it cannot positively influence the course of the child's development (Fitch et al., undated).

Both these therapeutic programs claimed that this approach to the treatment of abusive parents successfully prevented the recurrence of abuse in most cases, though it failed to improve the developmental performance of the abused child.

Extended family center. Another treatment approach which attempted to focus on the entire family unit was that of providing services through a center, such as the Bowen Center in Chicago or the Extended Family Center in San Francisco. The guiding principle for the Bowen Center was the integration of services. It was felt that the range of services needed for abusive families demanded a unified system of delivery with a common orientation and single administrative structure. This allowed for a focus on the total family without the drain of the staff's energy in looking for appropriate resources elsewhere and without the fragmented approach of parceling out family members to different agencies (Juvenile Protective Association, 1975). Similarly, creation of the Extended Family Center was intended to provide a support environment, comparable to that of an extended family, for all problems at any hour of the day.

Many specific services were provided: individual casework, day care, group therapy, occupational therapy, advocacy, transportation assistance, emergency services, 24-hour hotline, household management and parenting training (Armstrong, Cohn & Collignon, 1976).

An extensive evaluation of the Extended Family Center measured the impact of services on clients in terms of traditional recidivism measures and client functioning indicators. This evaluation also included a matched comparison group of child abusing families served by the San Francisco Department of Protective Services. While both the study cohort and the comparison group exhibited improved family functioning as measured by 13 indicators, the overall performance of the Extended Family Center did not appear to be greater than the performance of the Department. The rate of recurrence of *severe abuse* was lower for the center (4% experienced a recurrence of severe physical abuse as compared with 18% for the Department) but 81% of the Center's families experienced a recurrence of some abuse or neglect compared with only 42% of the families served by protective services. For this evaluation, recidivism rates may not have been a good measure of the program's effectiveness. They may only reflect the fact that staff at the Center saw the children every day while the Department's staff saw them infrequently and the calculation of the rate of recurrence may have been biased by the removal of some of the children served by the Department to foster care.

Measurement of the impact of specific services in both programs showed that the only services consistently linked with more favorable family outcomes were individual casework, coordination of services with other agencies, and counseling of couples. In addition, for the Department, those services that were consistently linked with more favorable outcomes were coordination with other agencies, day care, intensive after-hours contact with families, and other direct services to children.

More optimistically, the impact on the children in day care at the Extended Family Center indicated major gains in physical and emotional development according to standardized child development tests (Armstrong et al., 1976).

Foster care. Another approach to the problem of abuse and neglect is to remove the child from the abusive environment altogether, particularly if the child is jeopardized in the home situation. A study of abused children under the jurisdiction of the Juvenile Court in Los Angeles noted that this was the mode of treatment most often used for abused children under the court's jurisdiction (Kent, 1976). In this study, the investigator sought

to control for the possible effects of abuse independent of the effects of a low socioeconomic status. Thus, the control group contained children who had not been abused but who were evidencing severe family dysfunction and living in a low socioeconomic environment, and who were recruited from among families for whom specialized children's services had been requested by the Los Angeles County Department of Social Services.

General results of the evaluation indicated that removal to foster care improved the physical, emotional, and cognitive functioning of abused children. Not only did children improve in physical growth after intervention, but they improved on nearly all problem behaviors, especially emotional withdrawal. These findings were substantiated by ratings of children by their school teachers. The study concluded that treatment which alters the child's environment will reduce the risk for deviant development that that environment creates (Kent, 1976).

Any discussion of treatment models must consider foster care, since in many instances treatment includes removal of a child to a foster home. As the study mentioned above suggests, simple removal from an abusive environment may well be beneficial, but foster care as a treatment strategy has many problems. Without additional treatment strategies, foster care does not resolve the health and safety of the abused child who is later returned to his home. Even if he does not return but is placed in an adoptive home, his parents may well have other children or they may express violent tendencies in other ways, once the abused child is removed. And separation tends to further weaken bonding of parents and children in those families where abuse has occurred. (Kent, 1976).

Although there are few studies which have examined the effectiveness of foster care as a treatment method for abused and neglected children, it is likely that many of the findings from research on other aspects of foster care may have applicability to research on child abuse and neglect. For example, findings that factors such as the child's emotional attachment to the mother or the family's economic situation correlate closely with successful return of the child to the natural family (Sherman, Neuman & Shyne, 1974) point to the need for research into determining particular treatment for particular types of abusive or neglectful parents. If, in fact, research in the field of foster care has established objective criteria for determining when placement is required and when service to children in the home is sufficient, it would be of great value to the field of child abuse

and neglect research to know if these criteria are effective in abusive and/or neglectful situations.

Other treatment strategies. Two other treatment strategies, family advocacy and behavior modification, have been evaluated and have proven to be successful methods for improving family functioning. The Family Development Study at Children's Hospital Medical Center in Boston developed programs of family advocacy and parent education as nontraditional modes for working with families whose children were identified as high-risk (Daniel & Hyde, 1975). The advocacy program sought first to ameliorate the problem but also tried to help families develop a sense of control over their physical and psychological environment and their children. Using a crude index of family functioning, 60% of families were evaluated as functioning better after participation in the program; the majority were able to function on their own without help from the agency; and those who requested help again did so for a specific problem, which indicated an ability to articulate problems and mobilize resources on their own.

Behavior modification as a mode of treatment was developed and examined at the Child Abuse Project at Presbyterian-University of Pennsylvania Medical Center (Tracy, Ballard & Clark, 1975). The study population consisted of families where abuse had already occurred and families considered high-risk. Personnel carried out a behavior analysis for each family and made formal and informal contractual agreements. After 1 year an evaluation was made by the family health center and the program coordinator, both of whom rated areas of behavioral concern. There were 129 areas of behavior for the 41 families involved and of these 84% were rated by some observable indicator as improved or very improved. Overall, it was noted that most mothers improved their techniques of controlling children by using less physical punishment and showed consistent improvement in other areas of family functioning.

In summary, primary prevention programs discussed here include education for parenthood, public awareness campaigns, and family support services. No major studies using trend analyses or longitudinal data have measured the effect of these programs on the incidence of child abuse and neglect.

Secondary prevention programs discussed in this paper include screening for abused and neglected children, screening for unusual child-rearing practices, and identifying the profile of the abuser so that services may be specifically directed to the individual with this profile. A number of

programs whose aim is to screen for unusual child-rearing practices have successfully developed a predictive questionnaire and have demonstrated some success with intervention.

A full discussion of the effectiveness of current treatment programs awaits the publication of the several major evaluations now under way. The review of those programs which have published research findings suggests that one of the major difficulties in assessing the efficacy of different programs is the lack of any standard means of measurement. In most programs, changes in parental behavior are measured by the rate of the recurrence of abuse. This is perhaps the one measure which permits some comparison between programs but it is influenced by many factors in a program, such as how often the family is seen,

how soon the case is closed, how many children are placed in foster homes. Measurement of the developmental performance of the abused or neglected child is another common means of assessing a program's impact. From the programs reviewed here, it seems likely that almost any direct service to the child will improve his developmental performance on standardized tests. Both the use of day care for children at the Extended Family Center and removal to foster homes for children in another program improved their physical and emotional functioning while a program using therapeutic intervention for the parents did not report any improvement in developmental ability among the children. Overall, research has provided little comparability of findings among programs, thus making it difficult to assess under what conditions treatment methods are effective.

EFFECTS/SEQUELAE OF ABUSE AND NEGLECT

"Nothing stirs so great a sense of urgency that we move to do something about neglect [and abuse] as when we review what is known about its consequences" (Polansky et al., 1975, p. 27). The obvious and primary consequences to the victims of abuse or neglect are many. Children suffer temporary or permanent bodily injury; children starve or go without education and clothing; infants are born addicted to heroin; adolescent girls become pregnant from incestuous unions; and approximately 2,000 children die each year, victims of child abuse or neglect. Other more subtle long-range effects include emotional, behavioral, and cognitive problems. There is some evidence that siblings of the abused or neglected individual suffer emotional and behavioral problems as well, even if they are not the targets of the abuse or neglect. There are some indications that abused children later become violent citizens, evidencing aggressive behavior toward other members of society, as juvenile delinquents, as murderers, or as abusive parents. Society feels the effect of abusive or neglectful behavior through the strain on the school system, the protective service system, the courts, and all such systems whose task it is to identify and treat these families. Finally, there are consequences to the parents themselves. Some may be prosecuted and go to jail. Others will find help through a good treatment program; but certainly few will be unaffected by the realization that they have harmed their child.

Research studies on the effects or sequelae of abuse and neglect face certain methodological problems which are critical to the interpretation of study data. These methodological aspects will be discussed first followed by a review of the data available on the possible effect of this behavior on the child, on the child's siblings, and on society.

The effect of abusive and neglecting behavior on the perpetrator is not reviewed here because of the lack of any systematic examination of this issue. It is not known how often families move or how many parents suffer psychological problems requiring hospitalization, or what the impact of the label "abuser" or "neglectful parent" has on an individual. To date research efforts have focused almost entirely on the effects of abuse and neglect on the child.

Methodological Considerations

Research data from follow-up studies of abused or neglected children must be read with caution as there are several interpretative errors that are easily made. First, while many studies have found significant differences in intellectual functioning between groups of abused and neglected children and a normal control group, for example, this difference cannot be assumed to be an effect of the abuse or neglect suffered by the child. In order to make this assumption, one has to know the state of intellectual functioning of the child prior to the abuse or neglect. It is likely that prior intellectual dysfunctioning is a part of the interaction pattern leading to abuse or neglect. Second, the effects of the low socioeconomic status of those families included in follow-up studies have confounded the effects of abuse with the effects of a depriving environment. Third, the importance of appropriate comparison groups cannot be overlooked since such factors as a hospital stay as an infant or placement, even if temporary, may affect the child's later development. Whatever remedy was sought for the abuse or neglect should be considered in choosing the control group. A fourth consideration is the confounding effect of abuse and neglect together. While some studies have used a neglected, nonabused control group, few if any researchers have used an abused, nonneglected group of children for comparison. It is possible, therefore, that all the effects cited as consequences of abuse are, in fact, consequences of neglect as most studies report similar findings for the neglected-nonabused groups and the abused groups.

Effects of Abuse and Neglect on the Child

Neurological, emotional, and behavioral development. Retrospective studies of abused and neglected children have provided a wealth of evidence that suggests neurological damage as a common after effect of abuse. (For a full discussion, see Friedman, 1976; National Institute of Mental Health, 1977; and Polansky et al., 1975.) Typically, studies have reported a high incidence of mental retardation and language deficits. The latter is particularly unfortunate because language development is probably the most sensitive indicator of cognitive development and an ability to cope (Steele, 1975). One study (Sandgrund, Gaines & Green, 1974) reported 10 times the

number of children from abused and neglected groups with an IQ in the mentally retarded range (below 70), as compared with a control group containing the percentage of mental retardation expected in the general population.

An assessment of research from the medical field (Helfer, 1976b) clearly indicates that "insulting or interrupting normal development sequences has a significant effect on this dynamic process" (p. 107). The consequences of interrupting this process range from failure to learn to chew and failure to learn "lovability," to problems of hyperactivity, as well as the language and cognitive problems already mentioned.

Abused children have been variously described in follow-up studies as stubborn, unresponsive, negativistic, chronically crying, and depressed; fearful, apathetic, and unappealing; somber, docile, and placating (Green, Gaines & Sandgrund, 1974). Findings from a well-controlled study (Roston, 1971) of behavioral and personality characteristics, particularly related to aggression, revealed significantly less overt and "fantasy-aggressive" behavior among abused children than among a control group. Some behavioral problems such as enuresis and arson are reported, but in general abused children do not seem to indicate problems by acting out but rather through docile and passive behavior. Only Galston (National Institute of Mental Health, 1977) has reported violent behavior among abused children attending the Parents' Center Project, a therapeutic day-care program. It has been suggested that the violent tendencies which are associated with abused children from retrospective studies of juvenile delinquents, murderers, and abusive parents, become apparent at a later stage in the child's development.

Fragmented service delivery system. For those abused and neglected children who are reported to some authority and who come into the child protective system or legal system, placement in a foster home may be an additional consequence of their situation. Even if placement is warranted and the child is promptly placed, it seems likely that there are negative effects for the child. While there is some evidence which suggests that removal to foster care reduces the risk of later deviant development for abused children (Kent, 1976), in all likelihood, the full effect on the child of being removed from his home or the effect on the family of intervention by the courts or by a child protective agency or the effect of being labeled as an abuser or abused child is not known. According to some authorities, separation from psychological parents is the one situation known to be harmful to children (Goldstein, Freud & Solnit, cited in Giovannoni & Becerra, 1977). In those instances

where the child protective system or the court does not function well, the effect may be disastrous.

Two types of problems have been indicated by research efforts: one is the fragmentation of professional authority and the other is the lack of judicial expediency in the handling of placements.

Professionals determine which children will receive or be excluded from services, as well as the nature and extent of those services, and in this way have enormous power over the lives of children. Given the premise that professionals are responsible for what they fail to do as well as for what they do, failure in the delivery of services has been termed "professional abuse" (Polier, 1975). One study, which attempted to analyze the process of handling 10 battered children and their families for two years from the time they came to the attention of the doctor, agency, or court, found confusion, delays, poorly coordinated efforts, and failure of the agency and individuals to assume responsibility for action (Terr & Watson, 1968). Another study which examined the intake procedure and disposition of inquiries to 13 public and private child welfare agencies in a large metropolitan area reported 60% of the people who expressed a need for service were not accepted by any agency. Two separate service systems appeared to be operating: one ran smoothly to provide services such as adoption for babies of unmarried mothers, especially white middle-class women with easily placed children; the other ran slowly if at all for families with complex and long-standing problems. Each of these agencies independently serving its accustomed clients operated rationally within its own sphere, but as a whole the network served only that clientele that fit accustomed individual agency practice (Purvine & Ryan, 1969). An analysis of services in metropolitan Nashville — Davidson County, Tennessee, revealed a highly fragmented program of services among state, local, and voluntary agencies, as indicated by: the abrupt separation of children from families, placing them in child-care institutions when most were returned later to their families; the routine filing of neglect and dependency petitions when the majority could have been screened out of the legal system; and the overlap of the Juvenile court and Department of Public Welfare so that caseworker and probation officers retraced each other's steps (Burt & Balyeat, 1974).

Cain (1977) reviewed neglected and dependent children in court-ordered placement in 12 courts throughout the United States and found that children remain in placement for long periods even when termination of parental rights has taken place. She also found that court review of these cases was haphazard and that permanent planning

for the child was not always the primary concern of the court or the agency handling the child's case. Of the children in the courts under review in this study, 58% remained in placement seven months or longer without court review or action, with 23% in placement one to five years without court review.

These data all suggest that many children who suffer from abuse and neglect must also suffer from the lack of services, because systems are poorly coordinated and responsibility is so fragmented among the various professionals.

Effects of Abuse on Nonabused Siblings

Although little attention has been given to the nonabused siblings of abused children, there are indications that these children suffer as well. Young's study (cited in Friedman, 1976), where agency contact was of sufficient duration to permit evaluation of these children, reported that the sibling who was favored was more damaged in personality than the openly hated one. Furthermore, when both abused child and the sibling were removed from the home, it was the overtly deprived child who was able to make healthy emotional ties with a foster parent. Two other studies have reported that half of the nonabused siblings suffered: a study in England (cited in Steele, 1975) reported 50% of these siblings had selective significant language learning delay; and the other (Johnson & Morse, 1968) reported that only slightly more than half the nonabused children showed satisfactory mental and emotional development.

Effects of Abuse on Society

Beyond the immediately obvious effects of society's having to provide social and legal services for those children and their families is the hypothesis that the abused child becomes tomorrow's juvenile delinquent, murderer, or abusive parent. The theoretical basis for this likely social consequence is quite sound. People acquire their basic knowledge of how to act as parents from their experiences in the first three years of their own lives. When parents provide destructive, uncontrolled aggression as an example, then it seems likely to expect the same from their children. It also seems reasonable to expect an unusual degree of hostility from children who have been abused.

However, the empirical basis for this theory is problematic as the causal relationship between abuse and delinquency or violent behavior is not clear. Retrospective studies of juvenile delinquents have reported a history of abuse in most of the cases. For example, Steele's (1975) study of 100 juvenile offenders in Philadelphia reported a histo-

ry of abuse in 82% of the children with 43% remembering being knocked unconscious by one or the other parent. A study in Denver reported 72% of the juveniles remembered being significantly hurt by their parents before age six. This study sought corroborative evidence from parents, police, social agencies, schools, and relatives for a control group of juvenile delinquents and found an even higher percentage (84%) of significant abuse before school age, with 92% reporting being bruised, lacerated, or fractured by their parents within one and one half years previous to their apprehension. However, the relationship between the abuse and the delinquency cannot be irrefutably determined from such a study. One has to allow for the likelihood that the child's behavior was part of the pattern of interaction that resulted in the abusive incident and that it is this behavior, not the abuse, which later resulted in delinquency. As with any other effect, one has to know the state of the child's behavior prior to the abusive incident before any such relationship can be determined.

Descriptions of abused children as docile and passive (see p. 28) tend to further confuse the association between delinquency and abuse. A relationship between abuse and delinquency or between abuse and other types of violent behavior is more logically posited from follow-up studies of abused children. One such study of 34 cases of suspected or proven child abuse cases from Children's Hospital in the District of Columbia reported that 4 years after the initial reporting of abusive behavior seven of the 34 children (21%) had come to the attention of the court because of delinquency (Silver et al., 1967). This is a very large percentage given that the rate of juvenile delinquency in the general population is about 2.5% (based on 1,717,000 children under 18 arrested in 1973, out of 69,000,000 children under 18). Generalization from this study to the population of abused children at large is unwarranted, however, because of the small sample size and because it represents a very selective portion of the population.

In this same study there was sufficient evidence to indicate that the abuser had been abused as a child in 12% of the cases. Again, this is a much larger figure than one would expect from the population at large, but because of the small number of children involved, conclusions must be very cautious.

The only other empirical evidence to support the view that abused parents were abused as children comes from Gil's (1970) study in which 14% of the mothers and 7% of the fathers report they were abused as children.

In summary, effects of abuse have been reported for the child himself, for his siblings, and for society. While the difficult methodological problem of determining which is cause and which is effect plagues the interpretation of these data, research suggests that abused and neglected children may suffer emotional damage and neurological damage, including mental retardation and language learning deficits. Behavioral problems are also noted although the violent behavior one might expect has not been extensively reported among abused children. Siblings of the abused and neglected child may also suffer the same types of neurological, emotional, and developmental problems.

The full effects on the child of court or other agency intervention, or removal from the home

and the attendant labeling are not yet known. However, there is evidence that many abused and neglected children suffer from a lack of services because social service systems are poorly coordinated and responsibility is fragmented among various professionals.

The assumption that abused and neglected children become juvenile delinquents or abusive parents or even murderers, though often stated, is based on limited empirical data. A conspicuous research need in the area of effects/sequelae is for a long-term study of abused and neglected children to see if they do repeat the patterns of behavior provided by their parents.

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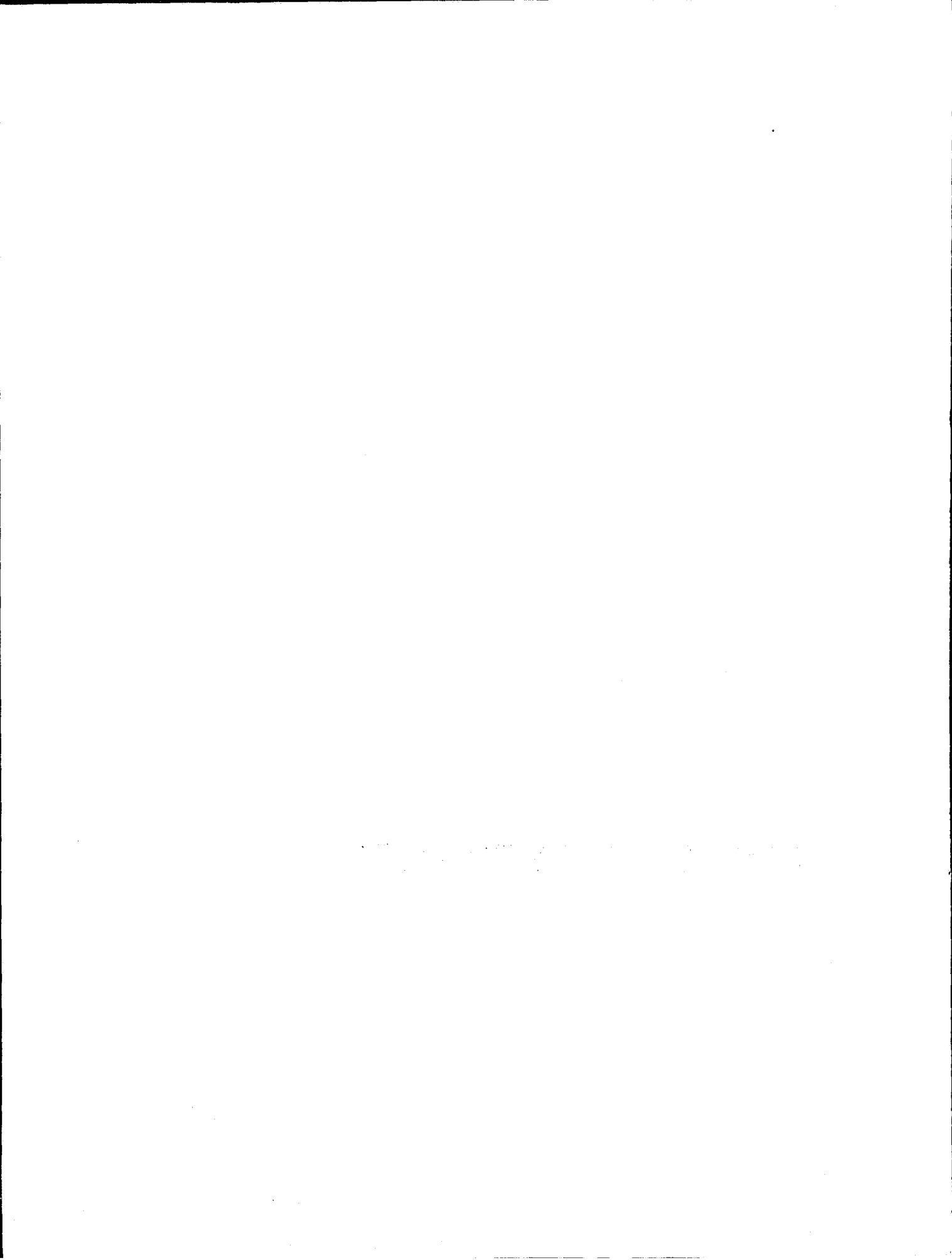
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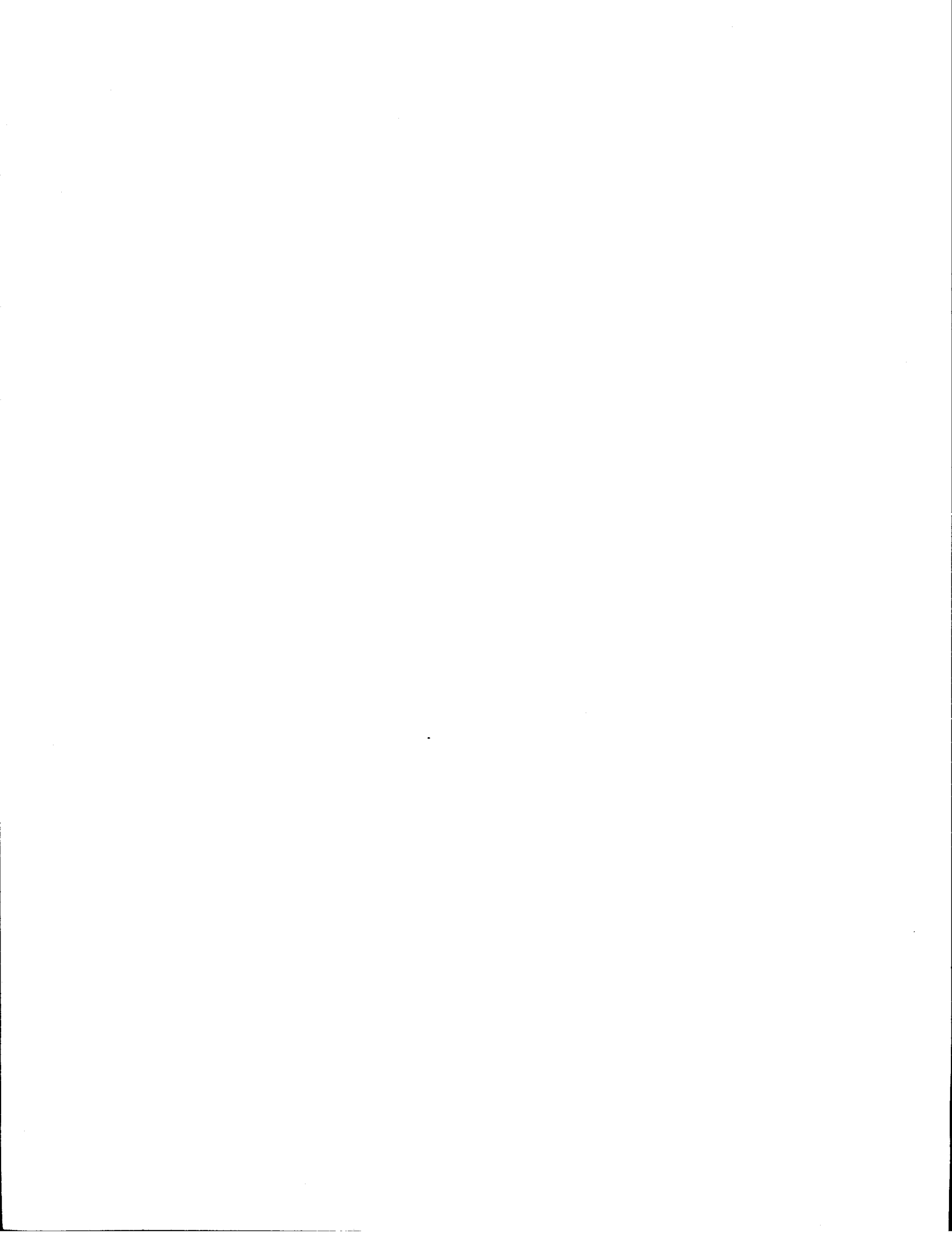
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